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Panamericana
de la Salud



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OFICINA REGIONAL DE LAS
AMÉRICAS

Global Adult Tobacco Survey



Panama 2013

Ministerio de Salud

Instituto Comemorativo Gorgas de Estudios de Salud

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**His Excellency Dulcidio De La Guardia, Minister of Economy and
Finance**

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Federico Humbert, Comptroller General of the Republic

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GATS in Panama

Panama's first Global Adult Tobacco Survey was implemented in 2013 by the Tobacco Control Program of the Ministry of Health, the Research and Evaluation Department of Health Technology of the Gorgas Memorial Institute, and the National Institute of Statistics and Census of the Comptroller General of the Republic. It was funded through the Pre-Investment Fund of the Ministry of Economy and Finance in Panama.

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Message from the Minister of Health

Among the Latin American countries, Panama is one of the most committed to the fight against tobacco use; this nation has made significant progress in the last two decades through the application of fiscal measures and the establishment of 100% tobacco-free areas. Since the ratification of the WHO's Framework Convention on Tobacco Control (FCTC), through Law 40 of August 14, 2004, the country has assumed an even greater commitment to the battle against tobacco use. This has included strengthening the measures noted above in addition to carrying out initiatives related to the prohibition of advertising, of the individual sale of cigarettes, and of packages containing less than 20 cigarettes, among others. Implementation of the WHO FCTC has clearly demonstrated that Panamanians have come to terms with the country's commitments to the eradication of the world's smoking epidemic, which in addition to its dire consequences for health, such as loss of life, diminished quality of life, and years of life lost due to preventable premature mortality, has generated opportunity costs for the national economy.

In Panama, legislation related to tobacco has provided groundbreaking tools, anchored in laws and decrees of mandatory compliance in a national context, especially with Law 69 of November 6, 2009, through which the excise tax on tobacco products was increased to 100% of the selling price and control measures were strengthened.

The results of GATS Panama 2013 are important for strengthening our tobacco control policies because they allow us to have a baseline for the study of tobacco use in adults and to engage in global comparisons. In addition, we will be able to develop analytic profiles addressing smoking as a health risk factor and its possible short- and medium-term impacts on the resources of the country's national health system.

The results of this population-based research provide a tool to further our understanding of how well national regulations for tobacco control are enforced among Panamanians aged 15 years or over, particularly in the context of the illegal sale of tobacco products. Conversely, we know there are several ways in which the population continues to have access to affordable tobacco products, especially in low-income areas. These results also contribute to the surveillance process and to the building of national indicators, in accordance with what is mentioned in the WHO's FCTC, and they reaffirm the need for progress and joint efforts at the regional level to combat the illicit trade of tobacco products and therefore underscore the importance of ratifying the Protocol on the Elimination of Illicit Trade of Tobacco Products.

I cannot conclude this message without mentioning that Panama has been able to implement a progressive and continuous tobacco control policy that has resulted in a current prevalence of tobacco product consumption of just 6.4%, one of the lowest reported through GATS around the world to this point. By gender, the prevalence of consumption reported here is 9.7% among men and 3.1% among women.

The Ministry of Health, without a doubt, will make excellent use of the results presented herein because the collected information is valuable for decision making and will allow us to perform more efficient surveillance and control of the smoking epidemic, enforcement of standing regulations, and the carrying out of measures that the State of Panama applies in order to protect the health of its population.

Finally, this instrument will be for public use and will be accessible to all types of users linked to the direct investigation of tobacco use and others engaged in work in the health, financial, and social fields, who will be aided by the availability of firsthand results that are in compliance with the international GATS standard.

To the entire team of the Ministry of Health and our international and national partners, thank you for allowing us to count on this priceless tool for decision making in matters of policy for smoking control in Panama.

DO NOT SUBTRACT FROM YOUR LIFE, LIVE WITHOUT TOBACCO

FRANCISCO JAVIER TERRIENTES
Minister of Health

Message from the PAHO – WHO Representative of Panama

Panama was the first country in the Americas Region in 2008 to sanction the complete prohibition of the advertising, promotion and sponsorship of tobacco products. The evidence available demonstrates that this measure can reduce the tobacco consumption between 7% and 16%.

Panamanian law doesn't just prohibit advertisements in the media at a national level, but also commercial advertisements from media outlets based in other countries. It also prohibits the distribution of products that carry the logos of tobacco brands, the sponsorship of sports teams by tobacco companies and product placement of tobacco products in television series and films.

This pioneering legislation also limits advertising and marketing at the point of sale of tobacco products, a component that is often overlooked in prohibitions placed by different countries.

It is important to recognize that Panama is also a leader in the area of advocacy so that other countries adopt measures to protect the health of their population from the hazardous effects and damage caused by tobacco. Panama is one of 3 countries in the Americas Region and one of only 7 countries globally that are applying the 6 measures proposed by the WHO for the control of tobacco consumption.

Results from existing research indicate that around a third of young people that start to consume tobacco do so as a result of advertising, promotion and sponsorship by tobacco companies and imitative behavior.

At a global level, 78% of adolescents aged between 13 and 15 are habitually exposed to some type of advertising, promotion or sponsorship by tobacco companies. In the Americas region, 16% of this age group consume some type of tobacco product.

Panama's commitment to this issue is reflected in efforts by authorities and technical staff from the Ministry of Health and the Gorgas Memorial Institute of Health Studies to conduct the "Global Tobacco Survey of Adults in Panama". This was carried out with technical support from the National Institute of Statistics and Census, the Pan American Health Organization/World Health Organization and the U.S. Centers for Disease Control and Prevention. Using the results of the survey the country has created knowledge and developed national indicators regarding tobacco consumption among the adult population.

The Pan American Health Organization and the World Health Organization cooperate with their Member States to design strategies that protect current and future generations, not just from the devastating health consequences, but also the social, environmental and economic scourges related to tobacco consumption and exposure to secondhand smoke.

By working together, PAHO/WHO and countries have made important achievements during this decade but there are still large gaps to reduce or eliminate and enormous barriers to overcome.

If tobacco consumption is reduced, millions of lives will be saved and this preventable epidemic will be reversed.

Federico Hernández
PAHO/WHO Representative

Message from the Director of the Gorgas Memorial Institute

For the Gorgas Memorial Institute (Instituto Conmemorativo Gorgas de Estudios en Salud), it is a very important achievement to have successfully completed a study of such importance as the Global Adult Tobacco Survey, Panama edition (GATS Panama 2013). It is the first specialized survey in this country to analyze the tobacco-use situation and the status of enforcement of control measures, which are an integral part of the health policies in our country and were put in place following the ratification of the World Health Organization's Framework Convention for Tobacco Control.

The results and analyses arising from this survey will allow the development of feasible studies about the effectiveness of health policies designed to control the consumption of tobacco-derived products and to establish future measures to reach set goals at both the national and regional levels. We are very proud that our institute has been an integral part of this study, conducted under the most rigorous international methodological standards, which shows Panama to be one of the countries in the region with the greatest success in enforcing bans related to tobacco use.

To all those responsible for the fulfillment of GATS Panama 2013, thank you very much.

Nestor Sosa
General Director

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Acronyms:

Acronym	Title
AMRO	Americas Regional Office
ANCEC	Asociación Nacional contra el Cáncer
PHC	primary health care
CDC	United States Centers for Disease Control and Prevention
CICAD	Inter-American Drug Abuse Control Commission
WHO FCTC	World Health Organization Framework Convention of Tobacco Control
CONAPRED	Comisión Nacional para Prevención de Delitos relacionados con Drogas
CSS	Caja de Seguro Social
CV	coefficient of variation
FCA	Framework Convention Alliance
SE	standard error
SHS	exposure to secondhand smoke
ENSCAVI	Encuesta Nacional de Salud y Calidad de Vida
GATS	Global Adult Tobacco Survey
GYTS	Global Youth Tobacco Survey
SHS	secondhand smoke
PDA (HP iPAQs)	personal data assistant (Hewlett-Packard iPAQs)
ICGES	Instituto Conmemorativo Gorgas de Estudios en Salud
INEC	Instituto Nacional de Estadística y Censo
JHU	Johns Hopkins University
MEF	Ministerio de Economía y Finanzas
MINSA	Ministerio de Salud
MPOWER	M: Monitor tobacco use and prevention policies P: Protect people from tobacco smoke O: Offer help to quit tobacco use W: Warn about the dangers of tobacco E: Enforce bans on tobacco advertisement, promotion and sponsorship R: Raise taxes on tobacco
PAHO	Pan American Health Organization
WHO	World Health Organization
SPSS	Statistical Package for the Social Sciences
PSU	primary sampling units
USD	United States dollars

Executive Summary

The Global Adult Tobacco Survey (GATS) was conducted in Panama in 2013 by the Ministry of Health and the Gorgas Memorial Institute, with technical support from the National Institute of Statistics and Census, the Pan American Health Organization/World Health Organization, and the United States Centers for Disease Control and Prevention (CDC). The survey represents one of Panama's major milestones in tobacco control and prevention since the country adopted the Framework Convention on Tobacco Control (FCTC) of the World Health Organization in 2004.

More specifically, information from rural and indigenous as well as urban areas has been obtained regarding the use of tobacco and impact of the implementation of tobacco control policies. This information represents a very important return on investment, especially given the use of public funding through the Pre-Investment Fund of the Ministry of Economy and Finance.

GATS Panama 2013 provides nationally representative data for the country on tobacco use and other key tobacco measures that can be compared with information from other GATS countries around the world.

This survey was completed in part as a commitment that Panama made through its signing of the FCTC to implement surveillance systems and to build national indicators that could be compared at the global level.

General Objectives:

- Generate nationally representative indicators for systematically monitoring adult tobacco use and other key tobacco indicators in the Republic of Panama.
- Generate nationally representative indicators for tracking the implementation of policies outlined by the FCTC in its MPOWER package.

Specific Objectives:

1. Measure the prevalence of adult tobacco use (smoking and smokeless tobacco) in the Republic of Panama.
2. Examine knowledge, attitudes, and perceptions about tobacco in adults that are related to health issues caused by use of tobacco products.
3. Examine knowledge, attitudes, and perceptions about exposure to secondhand smoke in public places with reference to the FCTC and Law 13 of January 13, 2008.
4. Examine knowledge about the effects of media on tobacco advertising and also tobacco prevention.
5. Assess perceptions of the enforcement of tobacco control policies.
6. Identify some characteristics or tendencies in the consumption of both smoked and smokeless tobacco products.

7. Examine quit attempts and interest in quitting among tobacco users.

Methodology:

This is the first time that Panama has conducted an entire national multi-centric survey in order to examine characteristics of tobacco use in the population aged 15 years or older, according to the following variables: demographics like gender, age, and area (urban, rural or indigenous), consumption practices, and other factors related to tobacco control measures applied in the country, according to Law 13 of 2008[3].

The GATS sampling frame included information obtained from the 2010 National Census of Population and Housing as a reference, with a total of 21,222 primary sampling units (PSUs), each containing 38 and more occupied households, distributed as follows by number of PSUs: urban, 13,926; rural, 6,354; and indigenous, 1,053, representing 2,691,551 people aged 15 years or over. The survey relied on a representative sample, selected randomly, which considered 959 PSUs that were distributed in 14 health regions of the country, and a sampling size of 19,603 households, which was split almost evenly by gender. The total response rate was 88.4%, which resulted in 16,962 completed individual interviews with respondents aged ≥ 15 years[1].

An electronic questionnaire was employed to collect and process information through the use of wireless electronic devices (iPAQs). The information collected included such variables as consumption, access to tobacco-derived products (smoked and smokeless), exposure to secondhand smoke, awareness of cessation programs for tobacco use, and perceptions regarding advertising, income, and other financial aspects of tobacco; in addition, the survey covered general knowledge, perceptions, and attitudes related to tobacco use.

Tobacco use:

One of the most remarkable results of the survey was the low prevalence of current tobacco use, which was estimated at 6.4% overall; 9.7% in men and 3.1% in women. By age, the 20-39 and 40-59 categories had the highest prevalence, at 7.2% and 7.1%, respectively; while the lowest prevalence in an age group, 2.8%, was for those 15 to 19. With regard to geographic regions, the indigenous and urban sectors had the greatest prevalence at 7.2% and 7.1%, respectively. Consumption of tobacco through smoking, which is the most common way of using tobacco in Panama, had a current prevalence of 6.1% overall, 9.4% in men and 2.8% in women. The prevalence of smokeless tobacco use was low, just 0.8% overall (1.0% for men and 0.5% for women)[1].

Exposure to secondhand smoke:

The survey found that 94.4% of Panamanian adults who worked indoors were not exposed to secondhand smoke there and 95.6% of adults were not exposed to secondhand smoke at

home. The survey also found that 87.6% of adults were not exposed to secondhand smoke when visiting restaurants[1].

Cessation:

In all, 6 out of 10 current smokers planned to quit or were thinking of quitting, and almost 5 out of 10 had tried to quit smoking in the last 12 months[1].

Warn about dangers of tobacco:

As part of the tobacco control policies implemented in Panama since 2005, the country has had labels on cigarette packs with health warnings and images. Just over three-quarters (76.9%) of adults aged ≥15 years had recently noticed the health warnings. Four in 10 current smokers considered quitting smoking because of these warnings; just over half of current smokers (53.5%) had noticed warnings and thought of quitting[1].

Media:

Bans in Panama on the advertising, promotion, and sponsorship of tobacco products and on sales of cigarettes in packages of less than 20 units, among other such bans, are clear evidence of the implementation of the commitments made by the country in eradicating the global tobacco epidemic[1].

Tobacco economy and illicit trade:

Different tobacco brands and packaging have been identified that could be in violation of national control standards, especially customs regulations. This is a concern because there are several methods by which the population is still being accessed through illegal sales, making tobacco more affordable, especially in low-income sectors.

The existence of illegal trade in Panama, through which illegal brands are introduced, remains a major concern for efforts at tobacco control in the country. GATS Panama 2013 found that 36.3%[1] of current smokers of manufactured cigarettes had purchased illegal cigarettes; this indicates not only the need to strengthen monitoring work at the national level but also the necessity of joint efforts at the regional level, given the nature of Panama as a transit area.

Knowledge, attitudes and perceptions:

The study found that 9 in 10 adults believed that smoking causes serious illnesses, and 87.5%[1] of adults believed that secondhand smoke causes serious illnesses in nonsmokers.

Conclusions:

The results of the GATS reflect progress made by Panama in tobacco control at both the regional and global levels, as the nation has become an undisputed leader in this field. However, it also shows the need to continue to promote the implementation of a surveillance system to monitor enforcement of control measures, awareness, and cessation programs for all populations, including the younger age groups and the active working-age groups, especially in indigenous areas.

The research reported in the remainder of this document constitutes a valuable reservoir of information for decision making. This information will allow surveillance to be more centralized while simultaneously making it more useful, as information has been collected by demographic characteristics, including region of residence; at the same time the report should strengthen efforts to counter the illicit trade of tobacco products in Panama.

CHAPTER 1

INTRODUCTION

1.1 Sociodemographic Characteristics

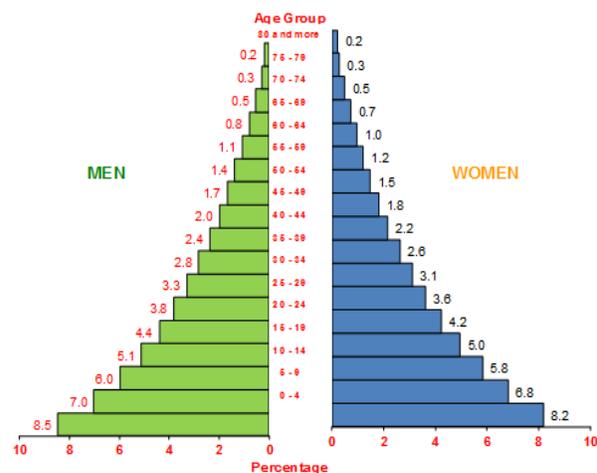
The Republic of Panama has 9 provinces, 75 districts or municipalities, 3 indigenous territories with provincial status (Guna Yala, Embera, and Ngobe Bugle Wuana) and 2 indigenous territories with township status (Guna and Guna Madungandí of Wargandi), yielding a total of 623 districts in the country. Including areas comprised of inland waters, Panama’s total area is 75,517.0 square kilometers, and as of July 1, 2010, the country has 3,661,835 inhabitants. The annual rate of population growth was 1.6%[4].

Because of the geographical position of the Isthmus of Panama and a series of historical circumstances, the population is quite varied demographically, consisting of both non-indigenous (Hispanic-Indian, African colonial, West Indian, and other “colonial” ethnic groups) and several indigenous groups (Kuna, Embera, Ngobe, Bugle Bokota, Naso/Teribe, and Bri Bri).

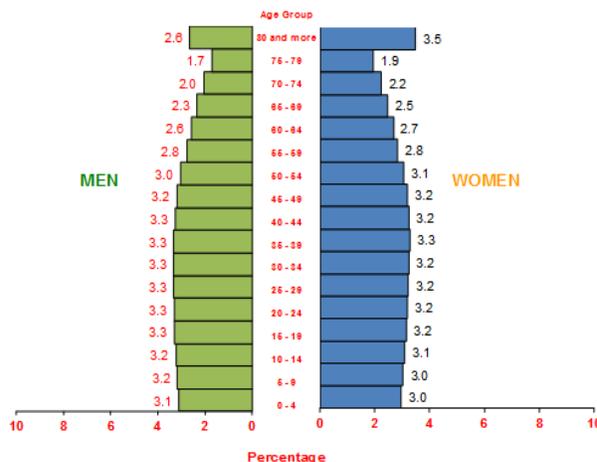
An analysis of Panama’s population structure revealed that in 2010, 29.2% were less than 15 years of age, 6.9% were 65 or over, and 63.4% were in the 15– 64 age group. Those under 5, 5-9, 10-14, and 15-19 accounted for 9.9%, 9.8%, 9.4%, and 8.8% of the total population, respectively. The population was almost evenly split between males (50.2%) and females (49.8%). The indigenous population represented 12.4% of the total population[4].

The 2010 census found that 65.1% of the population lived in urban areas and 34.9% in rural areas. More than half of the population (57.4%) was concentrated in just two provinces: Panama and Colon, with Panama province having 151.7 inhabitants per square kilometer. In contrast, in the indigenous territories of Guna Yala, Embera, and Ngobe Bugle there were only 14.0, 2.3, and 23.0 inhabitants per square

Figure 1.1 Population Pyramid – Panama 1950-2050



Department of Records and Statistics of Health.



kilometer, respectively. Overall, Panama had 45.9 inhabitants per square kilometer in 2010[4].

Panama's population more than quadrupled from 1950 to 2010, rising from less than a million (859,658) to 3,661,835 during that time, and the country's population has been projected to reach 5,625,442 by 2050 (reference), an increase of 53.6%[4].

The percentage of Panamanians aged 15-64 years, who can be considered the economically active population has grown substantially, rising from 54.1% in 1950 to 64.2% in 2010, and this proportion is predicted to reach 65.7% by 2028. By 2050, however, a decrease to 62.7% is expected. As for those aged 65 or over, their percentage was just 3.6% in 1950 but reached 6.9% in 2010. This group is expected to increase dramatically, however, in the future, with a projection that it will represent 18.9% of the total population in 2050. Both the male and female populations are expected to participate in this rapid growth[4].

Because of the “demographic transition”, in years to come there will likely be substantial decreases in both mortality rates and fertility, which will in turn affect the population's age structure, resulting in a gradual increase (by percentage) of the elderly population.

Currently, Panama is in the third stage of the demographic transition (the “full transition”): the birth rate is at an intermediate level and the mortality rate is low to intermediate, which means a moderate rate of natural growth. Other nations currently in the third stage include such countries as Brazil, Colombia, Costa Rica, Ecuador, Mexico, Peru, Dominican Republic, and Venezuela. As is true for other Latin American countries, Panama is in a continuous process of decreases in fertility and mortality, which are reflected in changes in the population structure.

Demographic transitions are usually accompanied by the “epidemiologic transition”; in Panama the most evident characteristic of the epidemiologic transition has been the shift in cause of death from infectious and parasitic illnesses to tumors and chronic degenerative illnesses (especially of the circulatory system) and external causes (accidents, homicides, suicides).

According to data generated by the National Institute of Statistics and Census, the gross mortality rate (deaths per 1,000 people) in Panama declined from 13.8 in 1950 to 5.0 in 2010, but this figure is expected to rise gradually to 7.6 by 2050, an increase of 52% over the period. In absolute terms, there were 17,779 deaths in 2010, with this number projected to increase to 40,766 in 2050[4, 5].

1.2 Burden of illnesses and deaths related to tobacco use in Panama

According to the World Health Organization [6] Tobacco is the single most preventable cause of death in the world today. This year, tobacco will kill more than five million people – more than tuberculosis, HIV/AIDS and malaria combined. By 2030, the death toll will exceed eight million a year. Unless an urgent action is taken tobacco could kill one billion people during this century.

Tobacco is the only legal consumer product that can harm everyone exposed to it – and kills up to half of those who use it as intended. Yet tobacco use is common throughout the world

due to low prices, aggressive and widespread marketing, lack of awareness about its dangers, and inconsistent public policies against its use”[6].

The toll imposed by tobacco does not come solely from active use, as exposure to secondhand smoke has been linked to numerous diseases and an increased risk of death [6]. Thus, people who smoke at home, at work, or in public areas increase the risk of death and certain diseases among those who are exposed to their smoke in these places.

In 1990-2010 several studies on tobacco use were conducted in Panama (Table 1.1).

Survey	Year	Findings
Ministerio de Salud (MINS)	1990	6 out of 100 adolescents smoked (6.0%) 1 out of 4 adults smoked (25%) 1 out of 3 people aged ≥ 60 years smoked (33.3%) Greater prevalence in highly educated individuals, those at a high socioeconomic level, and rural residents.
Rivera (Used sample of residents in urban areas aged 15-75 years (n = 721) taken from the entire country.	1995	Lifetime prevalence (smoked at least once): 42% (60% in men and 23.9% in women). Prevalence of occasional smokers: 35.8% (men: 52.1%; women: 19.5%). Prevalence of active smokers: 16.7% (men, 21.1%; women, 9.2%). Prevalence of active smokers among adolescents (ages 15-19): 16.7% Among active smokers, 53.6% started at ages 15-19, with 70.5% starting below age 20 (some started before age 15) [7].
Encuesta Nacional de Hogares sobre Consumo de Drogas (CICAD/CONAPRED/MINS) (ages 12 to 65)	2003	Current prevalence of cigarette consumption in the population aged 12-15 years was 3.4%, with no significant difference by gender.
Encuesta Nacional de Salud y Calidad de VIDA (ENSCAVI) (25,748 people aged ≥ 18 years)	2007	Current prevalence of tobacco consumption was 9.4% (17.7% for men and 3.9% for women). Prevalence was twice as high in indigenous areas compared to rural or urban areas, and differences by gender and area were statistically significant[8].
Encuesta de Prevalencia de Factores de Riesgo de Enfermedades Cardiovascular, PREFREC, 2010 The 3509 interviewees (1074 men, 2516 women) were aged ≥18 years and resided in Panama or Colon province.	2010	Current prevalence (any consumption of tobacco products in the last 30 days) was 6.4%. Estimates by type of product were 5.2% for cigarettes; 0.7% for cigars, pipes, and cigarillos; and 0.4% for smokeless tobacco[9].

In 2010, about three-fifths (61%) of deaths in Panama were attributed to noncommunicable diseases, particularly cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases [10].

An analysis conducted by the Ministry of Health in Panama that looked at general mortality patterns found that from the 1960s to 2005, smoking behavior could be linked to the known risk factors for numerous causes of death in the country's population: cerebrovascular disease, acute myocardial infarction, other ischemic heart illnesses, malignant tumors, diabetes, pneumonia, bronchitis and other chronic lower respiratory illnesses, and birth defects, among others[10].

The study conducted by the Asociación Nacional contra el Cáncer (ANCEC) during 1990 showed that 31.1% of all deaths were attributable to smoking (2,346 out of 7,538). In addition, this study found that for 7 of the top 10 causes of death, smoking is a risk factor[11].

ESTADISTICA SOLICITADA

According to mortality data for Panama for 1960 to 1999:

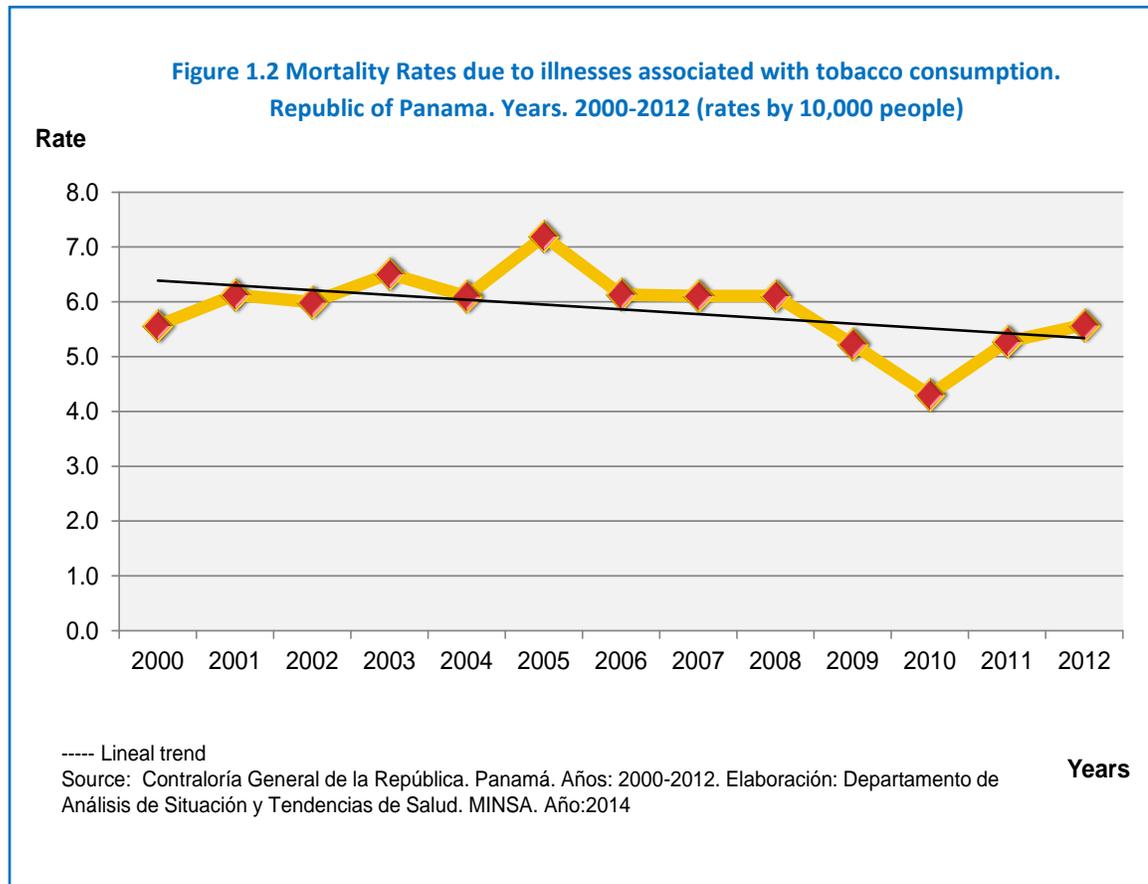
- 16.8% (55,812 out of 332,059) of deaths were associated with tobacco use.
- Deaths for the main cancers associated with tobacco use were as follows:
 - Trachea, bronchi, and lung: 4,034
 - Lip, oral cavity, and pharynx: 1,137
 - Larynx: 551
 - Esophagus: 671
 - Cervical: 2,723
- Among other major chronic diseases that have been linked to tobacco use, the number of deaths was as follows:
 - Hypertension: 2,682
 - Cerebrovascular disease: 18,583
 - Acute myocardial infarction: 12,985
 - Chronic bronchitis and other bronchitis unspecified, emphysema, and asthma: 3,618
 - Other ischemic heart illnesses: 8,100
 - Peptic ulcer: 728 [10]

From 2000 to 2012, the yearly proportion of mortality attributable to tobacco use ranged between 11.1% and 16.6% of all deaths each year (13.8%, on average)[10]. Other than cancer, the leading chronic diseases that have been tied to tobacco in terms of deaths included hypertensive disease, cerebrovascular disease, ischemic heart disease, chronic respiratory illnesses, gastric and duodenal ulcer, diabetes mellitus, and atherosclerosis[12].

Figure 1.2 shows a declining trend in the tobacco-related mortality rate; in a comparison of 2000-2008 and 2000-2012 that examined overall mortality and tobacco-related mortality, a percentage decline of 21.6%[4] was found for 2000-2012 when that period was compared with 2000-2008.

1.3 Tobacco control policies, national legislation, and ongoing initiatives for tobacco control in the country.

Since 1970, the Republic of Panama has been involved in several actions that involve tobacco control and prevention. On July 7, 2004, for example, it approved and then enacted Law No. 40[13], which allowed it to ratify the FCTC on August 16, 2004. Panama thus became the second member state of the Regional Office for the Americas (AMRO) to ratify the treaty and also one of the first 40 parties to the FCTC[2, 14].



On January 24, 2008, the FCTC came into force in Panama through the country’s approval of Law No. 13[3], which consolidated its regulatory efforts in tobacco control, including measures proven to achieve health protection of the population through the following steps:

- Enacting a total ban on smoking in indoor work areas, in common areas of public and private buildings of commercial and domestic use, and in public places where people congregate, including public and private, open and closed sporting facilities. Managers or anyone in charge of establishments is responsible for enforcing these measures and may be assisted by the National Police.
- Health warnings will be rotated annually, with a pictogram covering 50% of the front and back of the packaging of tobacco products. In March 2014, Panama introduced its fifth round of warning labels.
- Banning the use of terms that convey a false sense of safety to consumers.
- The side of the package must have text that discusses two of tobacco’s toxic components, nicotine and tar, and two harmful contents of the emitted smoke, carbon monoxide and benzopyrene.
- Banning advertising, advocacy, and sponsorship of tobacco products, including indirect and subliminal messages (to include those from outside Panama’s border that could enter national territory). This ban is also applicable to retail outlets, which with Executive Decree No. 611 of June 2 of 2010[15], also banned the display of products in these outlets.

In addition, the following legal provisions were enacted:

- The state was given responsibility to design and implement programs in tobacco awareness and cessation, including access to treatments developed and to the 36 cessation clinics that provide free services.
- Imported products that do not have a label stating that sales are authorized in Panama are prohibited.
- There is a mandate to regulate, develop, and implement measures to monitor, document, and control the storage and distribution of tobacco products in special economic zones and free trade areas that are under or moving through the elimination of tax regulations.
- A ban on sale of tobacco products to minors was ratified; the ban on recruiting and employing minors was extended to include businesses that sell tobacco products.
- With the objective of decreasing the population's access to these products, but particularly access to minors, the sale of single cigarettes or in packages of under 20 units was banned, as was the use of vending machines carrying tobacco products.
- The national legislation contemplates the banning for sale of tobacco products in sports, educational, and health facilities, both public and private. This provision includes any other businesses located within these facilities.

In addition, national legislation sets infractions, sanctions, and complaint mechanisms, which are explained in detail in Articles 23 and 29 of Law 13, 2008[3]. Through Resolution 660 of August 11, 2009[16], the Ministry of Health prohibits the sale of electronic cigarettes and similar products in the country because they contain diethylene glycol and violate Article 16 of Law 40, 2004 [13].

Tobacco taxes in Panama have been an effective measure to reduce consumption. With reforms to the Tax Code through Law 69 of November 6, 2009[17], the excise tax on cigarette was increased from 32.5% to 100% of the consumer sale price declared by the domestic manufacturer or importer to the Ministry of Economy and Finance, with a minimum of 1.50 US dollars (USD) per pack of cigarettes. The excise tax on tobacco products was also applied to cigars and other tobacco products, again taking the consumer sale price declared by the domestic manufacturer or importer to the Ministry of Economy and Finance as a base, with a minimum of 0.50 USD[3].

Legislation also allocates 50% of the tobacco taxes collected to public health for promotion, prevention, surveillance, and control of tobacco in the country. This includes allocation to prevent harmful effects of tobacco use by allocating 40% to the National Cancer Institute, 40% to the Ministry of Health, and 20% to the National Customs Authority for the prevention and prosecution of smuggling of tobacco products. The tax increase ultimately led to an increase in the price of tobacco products (in USD) from about 1.00 to 3.75, plus a 15% sales tax[3].

Since 1989, under the direction of the Ministry of Health, Panama has had a National Commission for the Study of Tobacco Use, which serves as manager of the FCTC in Panama and conducts analyses to measure legislative and international progress. This commission performs the function of a technical advisor, with the participation of all its different directorates. In addition, Executive Decree 230 of 2008[18] mandated the creation of the National Program for Smoking Prevention and Control. This program aims to establish mechanisms that make comprehensive actions for tobacco control permanently viable, in the context of the implementation of the FCTC and the achievement of the convention's goals, strategies, and activities with clearly defined indicators.

To date, the Ministry of Health has been taken to Panama's Supreme Court of Justice on five different occasions:

- British American Tobacco submitted a lawsuit against Executive Decree 230 of May 2008, which regulates Law 13 of January 2008[3, 18]. The court ruled in favor of the Ministry of Health.
- Request of Administrative Full Jurisdiction to declare illegal null by note No. 1277 - DGS on September 29, 2009 for issuance of the General Director of Public Health, of the Ministry of Health, which determined that designs the new packaging product KOOL cigarette brand posing BAT Panama, must be simplified, for that " is defined is a subliminal advertising to be removed Click & On the phrase Menthol and Hi Menthol. This demand was failure to favor MINSA in June 30, 2014.
- On May 28, 2014, British American Tobacco Panama, shows in the Supreme Court of Justice a claim of unconstitutionality of Executive Decree 611 of 2010[15], which prohibits the display of tobacco products in retail outlets. This demand declaring the constitutionality of the measure and is decided in favor of applying the aforementioned decree January 6, 2015.
- Together, British American Tobacco Panama and Phillip Morris submitted a lawsuit against Executive Decree 611 of June 3, 2010[15], which prohibits the exhibition of tobacco products in retail locations. The result of the lawsuit is pending.

Additionally, there are pending legislative issues in Panama related to regulating the content and dissemination of information about tobacco products, as well as other provisions on packaging and labeling.

1.4 Participation by Nongovernmental Organizations

During the negotiation on the WHO FCTC in Panama, several nongovernmental organizations (NGOS) actively participated in building a national consensus oriented toward the protection of public health. In February 2003, the National Council for Health without Tobacco was created in Panama to promote the ratification of the WHO FCTC, and in August 2004, the country ratified the WHO FCTC, becoming one of the first 40 nations to become a part of the first global treaty for public health.

In September 2004, two representatives of Panama’s legislative assembly took the initiative to propose a law to accept the provisions of the WHO FCTC in this country. This, in turn, initiated a long process of negotiation, promotion, and advocacy in favor of effective implementation of tobacco control measures, in accordance with provisions of the FCTC.

The NGOs negotiated a comprehensive legislative proposal before the national executive and legislative bodies, and they also disseminated information on the health risks and dangers of tobacco. The national debate integrated key personalities in the media, with the target titled “A Tobacco Smoke Free Panama.”

The Coalición Panameña contra el Tabaquismo (COPACET) united several national NGOs to promote approval of the draft of Law 38 of 2004, which was eventually enacted as part of Law 13 of January 24, 2008, including the words “adopts for tobacco control measures to prevent the harmful effects of tobacco on health.”

In addition, the adoption of the WHO FCTC in Panama was supported by international NGOs such as the Framework Convention Alliance (FCA), Corporate Accountability International, and Campaign for Tobacco Free Kids, Inter-American Heart Foundation, and the International Union Against Tuberculosis, among others. The initiative was also supported by university research centers in the United States of America such as Johns Hopkins University, Roswell Park Cancer Institute, and the Institute for Global Tobacco Control, which is part of Johns Hopkins University.

Bilateral cooperation agencies and other international partners have also contributed to the national process by providing technical and financial advice [19].

CHAPTER 2

2.1 General Objectives

- Systematically monitor adult tobacco use (smoking and smokeless) and track key indicators of tobacco control in the Republic of Panama.
- Measure the impact of tobacco control efforts in the Republic of Panama, particularly the effect of the WHO FCTC.
- Generate national indicators on tobacco use and other key tobacco indicators that are comparable to those for other countries in the world.

2.2 Specific Objectives

- Measure the prevalence of tobacco use (smoking and smokeless) among adult residents of the Republic of Panama.
- Examine knowledge, attitudes, and perceptions about tobacco use and its harmful effects among adults.
- Examine perceptions about exposure to secondhand smoke in different public places that are covered under the FCTC and Law 13 of January 2008.
- Examine awareness and knowledge of media advertising and commercials about tobacco products and about the dangers of tobacco.
- Assess the perceptions of adults about compliance with tobacco control policies.
- Identify some characteristics or tendencies related to the consumption practices of smoked and smokeless tobacco products.
- Describe the interest of smokers in quitting, quit attempts, and intentions to quit.

CHAPTER 3

METHODOLOGY

Scope of the Study

GATS Panama 2013 used the standardized GATS protocol to collect and analyze data on adult tobacco use and other key tobacco indicators in Panama. The survey, which targeted non-institutionalized adults aged 15 years or older, was designed to provide data by gender and by type of area (urban, rural, and indigenous). Use of the standardized GATS protocol ensured that the data collected would be comparable to data for other countries that have implemented GATS.

The study protocol included a standardized questionnaire, sample design, data analysis, and reporting with the manuals provided. In addition, teams of international experts who were part of the GATS questionnaire review committee and the GATS sample review committee reviewed and approved the Panama questionnaire and sample design to ensure that it was in accordance with the GATS standard protocol.

GATS Panama field work, which was conducted from January 16, 2013 to March 21, 2013, covered 14 health regions of the Ministry of Health.

3.1 Target Population

The target population included an estimated 2,691,511 adults in 2013[20], all living in a private, occupied dwelling.

3.2 Sampling Plan

GATS Panama 2013 used a multistage probability sample of adults aged ≥ 15 years as the sampling frame. A stratified, cluster sample design was employed to select the households to be included in the survey.

Sampling stages:

- *First Stage:* This involved the selection of primary sampling units (PSUs) having 38 or more households or more using three strata: urban, rural, and indigenous. In this stage, the PSUs of the indigenous strata were classified in two categories as (a) self-represented (with a probability equal to 1 of being included in the sample) or (b) not self-represented. All the PSUs with a population of fewer than 60 inhabitants were included in the indigenous sample of the GATS.
- *Second Stage:* This involved random selection of households in selected PSUs.
- *Third Stage:* In this stage an individual was randomly selected from the selected households. As established in the study methodology, selection of these single sampling units involved consideration of gender parity.

General Characteristics of the Sample

The sample, which included 16,962 adults, was treated in such a way as to be applicable to the 2,691,551[20] Panamanians aged 15 years or over. This permitted the subsequent analysis to make the relevant statistic inferences (Table 3.1).

Table 3.1: Number and percentage of interviewed people and households, and response rates according to residence. GATS Panama 2013.								
Characteristic	Residence						Total	
	Urban		Rural		Indigenous		n	%
	N	%	n	%	N	%		
Classification of Selected Household								
Completed (HC)	6,583	87.1	6,054	89.3	4,929	93.7	17,566	89.6
Completed – None Eligible (HCNE)	53	0.7	99	1.5	23	0.4	175	0.9
Incomplete (HINC)	9	0.1	1	0.0	1	0.0	11	0.1
No One Responded (HNS)	25	0.3	16	0.2	3	0.1	44	0.2
No One in Household (HNH)	77	1.0	234	3.5	74	1.4	385	2.0
Rejected (HR)	161	2.1	95	1.4	23	0.4	279	1.4
Uninhabited (HUO)	0	0.0	1	0.0	0	0.0	1	0.0
Household Not Visited (HAND)	64	0.8	123	1.8	8	0.2	195	1.0
Others ¹ (HO)	590	7.8	155	2.3	202	3.8	947	4.8
Total of Selected Households	7,562	100.0	6,778	100.0	5,263	100.0	19,603	100.0
Household Response Rate (HRR) (%) ²	88.4%		92.4%		94.2%		91.3%	
Selected Person								
Completed (PC)	6,252	95.0	5,901	97.5	4,809	97.6	16,962	96.6
Incomplete (PINC)	11	0.2	4	0.1	1	0.0	16	0.1
Not Eligible (PNE)	12	0.2	15	0.2	18	0.4	45	0.3
Not Household (PNH)	61	0.9	24	0.4	6	0.1	91	0.5
Rejected (PR)	154	2.3	66	1.1	24	0.5	244	1.4
Incapable (PI)	55	0.8	31	0.2	63	1.3	149	0.8
Other ¹ (PO)	38	0.6	13	0.2	8	0.2	59	0.3
Total Number of Sampled People	6,583	100.0	6,054	100.0	4,929	100.0	17,566	100.0
People Response Rate (PRR) (%) ³	95.1%		97.7%		97.9%		96.8%	
Total Response Rate (TRR) (%) ⁴	84.1%		90.2%		92.3%		88.4%	

For more details on the sampling plan, please see [Appendix B](#).

The general results established that there was indeed gender parity in the adult population, with 49.9% (95% confidence interval [CI] 48.0-51.8) men and 50.1% (48.2-52.0) women. By age, the population was concentrated in the intermediate ranges, with 42.4% (40.5-44.4) in the 20-39 group and 30.2% (28.5-31.8) in the 40-59 group. With regard to the geographic area, 69.9% (66.7-73.0) of the study population was concentrated in urban areas, as was expected for the country of Panama, while the rural and indigenous populations represented 25.1% (22.2-28.4) and 4.9% (4.4- 5.5), respectively (Table 3.2)[20].

In terms of education, those with no formal education represented 14.6% (13.2-16.1) of the population of interest, while those who had completed elementary school represented 33.0% (30.8-35.3). A similar proportion, 31.7% (29.7-33.7), had completed high school, and 20.7% (18.1-23.7) had higher education[20].

Finally, with regard to the work situation, most of those who worked were either nongovernmental employees, at 25.1% of the population (23.2- 27.1), semiformal employees, at 18.3% (16.9-19.7), or housewives, at 20.9% (19.4-22.5). The proportion of the target population who were unemployed but capable of working was 5.4% (4.6-6.3)[20].

3.3 Questionnaire

The GATS questionnaire currently consists of a core set of questions applied in all participating countries and which are listed in the data collection instrument. Additionally, GATS Panama 2013 included a set of questions aimed at surveillance of the tobacco epidemic and the monitoring of prevailing tobacco control policies in the country. Additional questions related to hookah use, access to cessation clinics for tobacco use, environments free of secondhand smoke, and those used in the chapter of this report that concern knowledge, attitudes, and perceptions of the population. In addition, a set of questions was included that were modeled on Mexico's GATS questionnaire concerning the willingness to pay for existing cessation programs in that country.

The modifications and cultural adaptations of the questionnaire, including translation from English into Spanish and once again into English, were approved by the National Commission for the Study of Tobacco Use of the Ministry of Health and the GATS National Coordinating Team, and reviewed by the GATS International Committee. A validation pilot test was developed with the objective of verifying the comprehension of questions in the questionnaire, as well as the procedures and instruments used in the field work and the organization of that work. Once the validation was concluded, adjustments were made that followed the recommendations given. In addition, recommendations suggested by international advisors were integrated and presented in each phase of the process of the National Commission for the Study of Tobacco Use of the Ministry of Health.

This data collection instrument, which contained dichotomous, valuation, and multiple-choice questions, had two basic components:

- The household questionnaire: This questionnaire was used to learn the general characteristics of the households selected, which constituted the basis of the random selection process for the interviewee.
- Individual questionnaire: This document was composed of specific questions related to the target of the study, tobacco, and included the following sections: General Characteristics; Use of Smoked Tobacco; Use of Smokeless Tobacco; Cessation of

Smoked Tobacco Use; Cessation of Smokeless Tobacco Use; Secondhand Smoke; Economics – Manufactured Cigarettes; Media; Knowledge, Attitudes, and Perceptions; Willingness to Pay for Cessation Programs.

*The detailed questionnaire is located in [Appendix G](#).

3.4 Pilot Testing

In January 2012, preparations began for conducting the pilot survey. In accordance with the wishes of the GATS Panama National Coordinating Team and in consultation with that team, the Instituto Conmemorativo Gorgas de Estudios en Salud (ICGES) implemented the pilot survey on the 9th and 10th of June 2012. Data collection took place through a successful field process, achieved in 2 days with a total of 72 cases (that is, 72 surveys administered). Of these, 36 were in urban areas, 24 in rural areas, and 12 in indigenous areas, in accordance with the proposal that had been presented. This allowed those responsible to detect problems in the questionnaire and its use, which were reevaluated so that the final field process could be carried out in optimal conditions.

Each interviewer was assigned enough cases to conduct three or four surveys per day, previously established as female or male, and directed to smokers and nonsmokers in a given age group. The primary role of the interviewer was to cover her/his assignment, which depended on previous random selection that was based on segmentation delivered and programmed on iPAQs (personal data assistants [PDAs]); the iPAQs were made by Hewlett-Packard. It is important to note that cellphones were used, which enabled field communication at “real time,” especially for the location of segments in rural and indigenous zones, with a cartographer from the Instituto Nacional de Estadística y Censo providing help with this process.

The pilot phase of GATS was successfully conducted in terms of productivity, as it achieved expected performance goals that met previously stated deadlines. In addition, the pilot test successfully identified certain aspects of the interviewing process whose reassessment led to foreseeing problems with the final surveying process and improving that process.

The database was uploaded into SPSS 20.0 software, as were the entire survey methodology and the preparation of the general output tables. In addition, a general audit was performed on the database. The performance of interviewers in terms of their nonresponse rates was also observed, demonstrating effectiveness in the use of the iPAQ and control times and preventing interviewers from employing their own rules rather than following the protocol.

Calculation of the average time used to conduct the survey included the time spent by the interviewer in getting permission from the target household to be interviewed and the administration of both questionnaires. For the household questionnaire the average time for administration was 8 minutes, while the individual questionnaire took much longer, an average of 50 minutes. Average times for the individual questionnaire were about 45 minutes for smokers and approximately 30 minutes for nonsmokers. Finally, we determined that the average time spent on identifying a household and traveling to it was only about 10 minutes, not surprising given the proximity of the households and the composition of the interview

segment. Concerning the visits, we provided the option to schedule a second visit, thereby giving sufficient notice to allow the eligible person to get to the household on time.

3.5 Data Collection for the Complete Survey

Data collection, at the national level, took place between January 16 and May 21, 2013, excluding Carnivals and Holy Week, both national holidays that would prevent effective data collection. The organizational structure involved the conformation of task forces (coordinator, supervisors, and Interviewers) for each health region. Each region had a coordinating team, a specific work area where the necessary human resources were located, and a specific work plan, which included the type of roads, required means of transportation (air, land, sea), and communication and mobilization of resources for staff, which relied on the reference map supplied by the Comptroller General of the Republic of Panama as well as available maps depicting the PSUs selected in the sample and the listings of an address for each randomly selected household.

The coordinators were responsible for the organization, follow-up, and control of fieldwork as well as the administration of the resources assigned to that fieldwork. Supervisors were responsible for directly reviewing and inspecting the work of interviewers. In indigenous areas, the task force had to be part of the community, due to the need for language proficiency and the cultural integration required by the study. All interviewees had to live at least occasionally in the home of a selected household.

3.5.1 Agencies Involved

To implement GATS Panama 2013, the standard protocol had to be, developed in collaboration with several institutions at the national level (ICGES, INEC, and the Ministry of Health, among others) and be consistent with the technical mission of the WHO and CDC. Following the adaptation of the questionnaire to Panama's specific situation and needs, it was agreed that a pilot test of the GATS data collection instrument needed to take place.

The ICGES was assigned by the Ministry of Health to carry out the pilot test. The ICGES agreed to carry out this task based on the work protocol and timeline provided by Panama's Ministry of Economy and Finance (Pre-Investment Fund), given that this survey was funded with capital belonging to the country. In addition, the ICGES has vast experience in conducting surveys throughout the country. For its part, the INEC conducts continuous surveys, such as the Permanent Household Survey, which is the main source of labor market indicators in the country.

The Ministry of Health's mission is as follows: "To ensure the entire population gender-focused access to comprehensive care through public health services, humanized at all levels of intervention, based on the primary health-care strategy and development of leadership functions, management and transformation, privileging equality, efficiency, and quality with warmth present during attention, ensuring processes of transparency in the use of resources and development of health-care interventions involving citizen participation in the construction of the necessary conditions for social production of health. "

3.5.2 Field Training and the Data Collection Task Force

Training for fieldwork was conducted by staff from the ICGES and the Panama Ministry of Health and was developed in each health region according to the planned agenda.

Training was spread over 2 days. On the first day, a brief introduction was given on the GATS methodology and the resources to be used for conducting the study in the field. On the second day the training covered technical areas: using the electronic data collection device (the iPAQ), how to use maps to locate households to survey, and the correct use of codes. Interviewers were given a specific time period to get familiar with the IPAQ.

A summary of Microsoft Office PowerPoint was provided that included all the most important points about the GATS methodology and the user manuals, with relevant information given regarding the functions that members of the task force would perform, either as a supervisor or an interviewer.

Regarding the supervisors, a call had been made to the entire staff of the Panama Ministry of Health because this organization has plenty of experience in each of the country's health regions. Initially, and reflecting individual abilities, those chosen for supervisory roles were designated as field supervisors, a function that entails everything from the coordination of the assigned team of interviewers all the way to performing daily processes of survey collection.

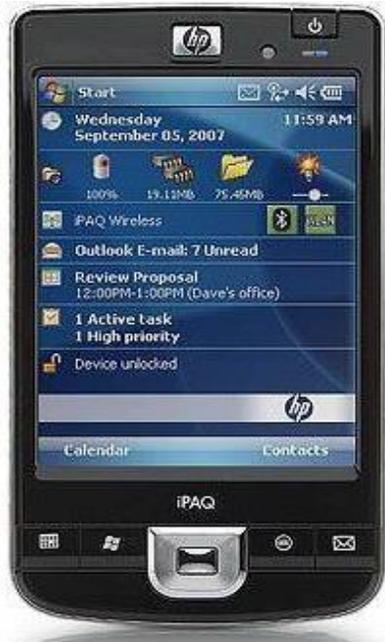
As for the interviewers, they were a combination of Ministry of Health staff, housewives, college students, and professionals from other areas.

In a process that considered the characteristics of each of Panama's health regions, "task forces" were developed to cover the households to be surveyed in an organized manner, in accordance with a pre-established schedule. The individual task forces had six members, including one field supervisor and five interviewers. Each person was responsible for one IPAQ.

GATS PANAMA TRAINING SCHEDULE					
Schedule	Day 1				
9:00 a.m. to 10:00 a.m.	General Presentation on Survey				
	Instructors and Participants Introductions				
	Presentation of the course: organization, objective, content, duration, schedule, and work modality				
10:00 a.m. to 11:00 a.m.	Presentation of the survey: objectives, methodology and structure				
11:00 a.m. to 11:15 a.m.	Surveyor tools and tasks				
11:00 a.m. to 11:15 a.m.	Coffee Break				
11:15 a.m. to 1:00 p.m.	How to cover the itinerary in the selected area				
	The interview in the Survey Framework				
1:00 p.m. to 2:00 p.m.	Lunch				
2:00 p.m. to 3:00 p.m.	Introduction to the Subject Matter: Why Gats? And how many countries have implemented the survey?				
3:00 p.m. to 3:30 p.m.	Presentation of GATS Panama				
3:30 p.m. to 3:45 p.m.	Coffee Break				
3:45 p.m. to 5:00 p.m.	iPAQ Presentation				
Schedule	Day 2				
9:00 a.m. to 11:00 a.m.	Presentation of the QxQ Questionnaire on iPAQ				
11:00 a.m. to 11:15 a.m.	Coffee Break				
11:15 a.m. to 12:30 p.m.	Presentation of the QxQ Questionnaire on iPAQ				
12:30 p.m. to 1:30 p.m.	Lunch				
1:30 p.m. to 2:00 p.m.	Wrap-up				
2:00 p.m. to 3:30 p.m.	Demonstration of survey completeness on iPAQ				
3:30 p.m. to 3:45 p.m.	Coffee Break				
3:45 p.m. to 5:00 p.m.	Demonstration with iPAQ				

3.5.3 Method for Data Collection and Storage

The IPAQs were configured and prepared by the information technology (IT) staff of the Department of Research and Assessment of Health Technology of the ICGES, in collaboration with the headquarters of each of the 14 health regions of the country.



The GSS Survey System, which including both the household questionnaire and the individual questionnaire, was loaded into the individual IPAQs.

Uploading both questionnaires took place in conjunction with the assignment of case numbers, which included information such as the exact address of the surveyed household, the name of the town and the health region, and other variables that allowed quick, accurate identification of each selected home and of the survey conducted in each household.

The information resulting from the work in the field was entirely stored in SD (Secure Digital) 4-gigabyte (GB) memory cards, which were also used to store files and processes before, during, and after each survey. These cards were guarded by each field supervisor.

Upon conclusion of each survey day, the field supervisor had to collect each of the SD cards from his/her interviewers, transfer the data to his/her own SD card, and then send the information to the National Data Center on the same day.

The level of the field performance was within expectations based on the simulations conducted in training workshops, especially with regard to the duration of the interviews. But the characteristics of the rural and indigenous communities, in terms of locating the segments, in addition to the rugged terrain and the presence of some marginal (i.e., not particularly safe) areas, led to greater caution in the mobilization of task forces and thus a longer time needed to do the work.

The level of performance in use of the iPAQ was considered positive by the field team, as this device shortened the time needed to collect data in individual interviews and the quality of such collection.



General Difficulties

- In rural or indigenous areas:
 - The main difficulty was found in locating the households, as many homes did not have any signaling in place.
 - The need for interpreters in the indigenous areas caused delays in the interviews, which thus lasted longer than estimated.
- In the urban areas:
 - Some addresses and maps did not match with the households, as the addresses or maps pertained to a business.
 - In condominiums or apartment buildings there were issues of gaining access to a household.

3.5.4 Language

The final questionnaire for GATS Panama 2013 was in Spanish but remained equivalent to the English version, and it was approved by the technical team of the PAHO/WHO and CDC. The Spanish version was translated into English for review by the GATS Questionnaire Committee and later translated again into Spanish by official translators in Panama.

The field operation manuals for interviewers and supervisors were also translated into Spanish and adapted as necessary. During the training workshops, both the manuals and questionnaires were compared with those uploaded on the iPAQ, one question at a time, with every question covered.

In the case of the indigenous population, each question was analyzed by the team of regional coordinators, supervisors, and interviewers, with the team ultimately defining the terminology that would be used to ask the question at the time of the interview. This process was executed with the objective of unifying the criteria to guarantee comprehension, quality, and uniformity of questions and answers. The interviewers for the indigenous population originated from each of the indigenous ethnicities subject to surveys and were fluent in the corresponding language.

3.5.5 Ethical Aspects

On first contact with a household, the interviewer explained the objectives of GATS Panama and indicated that the study was voluntary, confidential, and anonymous. The confidentiality of information and the anonymity of interviewees were in fact maintained throughout the study, as the data collection instrument did not allow the identification of any names, even though they were recorded. Importantly, neither names nor personal identification numbers were registered, thereby preventing breaches of confidentiality. The protocol for development of the survey was reviewed and approved by the National Commission on the Bioethics of Research in Panama.

Interviewers requested verbal consent from a household member to obtain information on the home and a list of the residents living there. In addition, as an integral part of the survey, an electronically registered consent was obtained from all interviewees. For minors aged 15-17 years, who were considered adults for purposes of the survey, consents from parents or guardians and approvals on behalf of these minors were designed and available on paper as well as electronically through the iPAQs. These consent forms, which were read by the interviewer to the selected interviewees, provided all information related to the GATS

Panama and were registered in the database on the iPAQ. Either way, as part of this protocol, a document containing information for contacting the coordinator of the Panama National Coordinating Team and the main project researcher were included in the consent form.

3.6 Statistical Analysis

Following the survey, adjustments were made to account for nonresponse. The purpose of these adjustments was to adjust (change) the initial weights that were determined at the time of selection of households for the sample. The size of the adjustment was calculated as the product of the adjustment component at the household level multiplied by the adjustment component at the individual level.

The adjustment component at the household level was calculated as the quotient of 1 and the weighted household response rate, while the adjustment component at the individual level was calculated as the quotient of 1 and the weighted individual response.

The household response rate was calculated as the ratio between the number of households for those that had provided a complete list of data and the total number of sampled households. The households that provided only partial data were considered as negatives or interruptions for the household response rate and were not included in the calculation numerator of the household response rate.

The individual response rate was calculated as the ratio of the number of GATS surveys partially or totally completed to the number of eligible sampled people selected from the list of all households. The nonresponse adjustment was calculated within each stratum by PSU.

One of the most common problems in large-scale complex surveys such as GATS is the introduction of bias in the estimation stage. Other problems were those caused by changes in the sampling frame used for the selection, having a combination of total and partial survey of some sampling units, and errors introduced during data collection. In practice, it is common to correct or calibrate weights, or expansion factors (the inverse of the selection probability), using known information obtained from external sources.

For GATS, we decided to rely on information included in the Demographic Projection until March 31, 2013, demographic estimation used in the Labor Market Survey: the internal structure of demographic estimation for the gender (male-female) and age group (15-24, 25-34, and 35-64, 65 and over) variables was applied to the GATS sample.

The calibration was done employing the Huang-Fuller method using the SPSS program and was performed for each of the areas identified for this survey (urban, rural, and indigenous). We calculated 95% confidence intervals (CIs) for the central estimates, and indicators were reported by gender, age group, and educational level. When the denominator was less than 25 unweighted cases, the estimate was not reported.

After completing the process of weighing, calibrating, and correcting the data, we conducted statistical analyses using SPSS as a basic analytical program in order to describe the behavior of the variables. For this, the data was estimated using absolute values, and the percentage of each response was obtained with tables of estimated frequency. Qualitative variables were analyzed using summary measures such as rates, ratios, and proportions. For quantitative variables, measures of central tendency such as the mean, median, and mode were estimated. The information was submitted using the standard protocol of GATS.

3.6.1 Method Used for Calculating the Sampling Error

The standard error (SE) and sampling error (or coefficient of variation (CV)) were obtained with the statistical software SPSS 20.0 using its complex samples module.

*For additional information on estimating the SE, please see Appendix F.

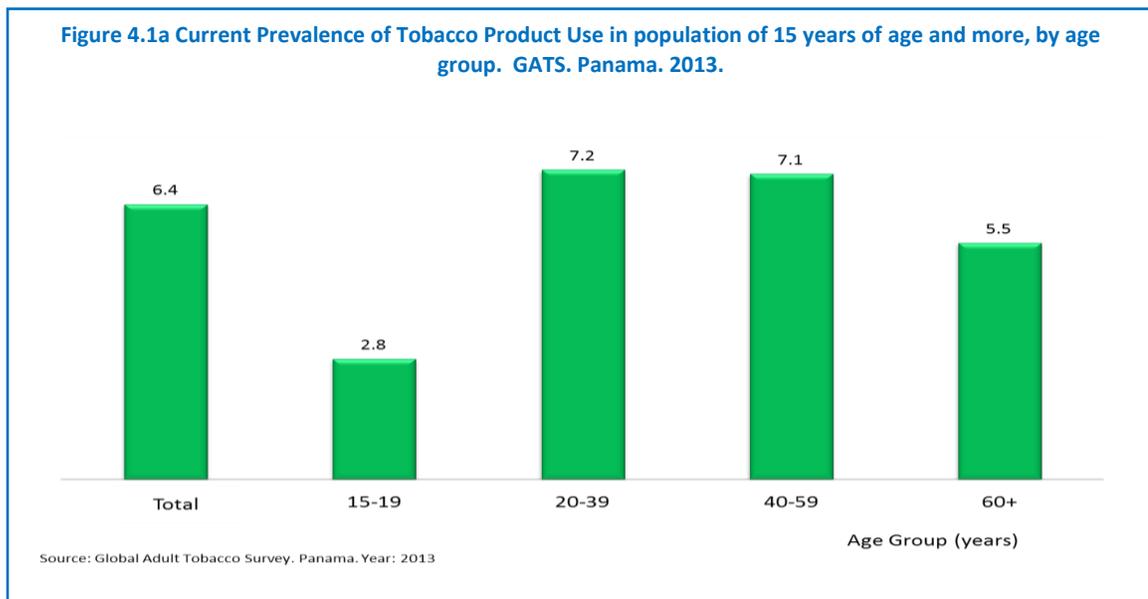
CHAPTER 4

Tobacco Use

The accumulated scientific evidence identifies tobacco use as a public health issue that has reached epidemic proportions; currently, illness due to tobacco is the world's largest pandemic. Annually, an estimated 6 million people worldwide die due to causes that are related to this risk factor, which, in any of its forms, increases the burden of disease and mortality rates of those who consume it or are exposed to tobacco smoke. For this reason, monitoring the consumption of different tobacco products is important so that we can keep track of the different strategies of the tobacco industry.

Results

The prevalence of consumption of tobacco products of any type within the population of interest (generally, noninstitutionalized Panamanian adults aged ≥ 15 years) was estimated at 6.4% (9.7% in men and 3.1% in women); for current smokers (had smoked in the last 30 days) it was 6.1%, with estimates of 9.4% (95% CI: 7.4–11.7) in men and 2.8% (2.0–3.8) in women. For daily smoking, the overall estimate was 2.8% (2.1 – 3.8), with estimates by gender of 4.4% (3.2 – 6.0) for men 1.2% (0.8 – 1.9) for women. The relatively low prevalence for use of smoked tobacco in the population is consistent with having effective tobacco control measures (**Table 4.1 – Figure 4.1a – Figure 4.1b – Figure 4.1c**).



The prevalence rate of occasional smoking was 3.3% (2.6–4.1), with estimates of 5.0% for men (3.9–6.4) and 1.6% for women (1.1–2.3). There were two subcategories of occasional smokers: those who were former daily smokers (1.7% [(1.2–2.3)]) and those that had never

been daily users (1.6% [1.2-2.0]). Occasional smokers had a higher prevalence than daily smokers (2.8% [2.1-3.8]), albeit not significantly so, suggesting a lower relative intensity with respect to addiction among smokers. In all, 93.9% (92.5-95.1) of the population was made up of nonsmokers. The prevalence of being a former daily smoker (included as a nonsmoker in Table 4.1) was quite low, at 2.6 % (2.1-3.2), as was the prevalence of being a former occasional smoker (also considered a nonsmoker in Table 4.1) at 4.1% (3.4-4.8). These figures underscore the need to continue to promote educational measures and support for cessation, as well as bans and other control strategies to reduce both the demand for and supply of tobacco products.

Figure No 4.1.b Percentage of Adults of 15 years age and more according to smoking status, by age sex. GATS. Panama. 2013.

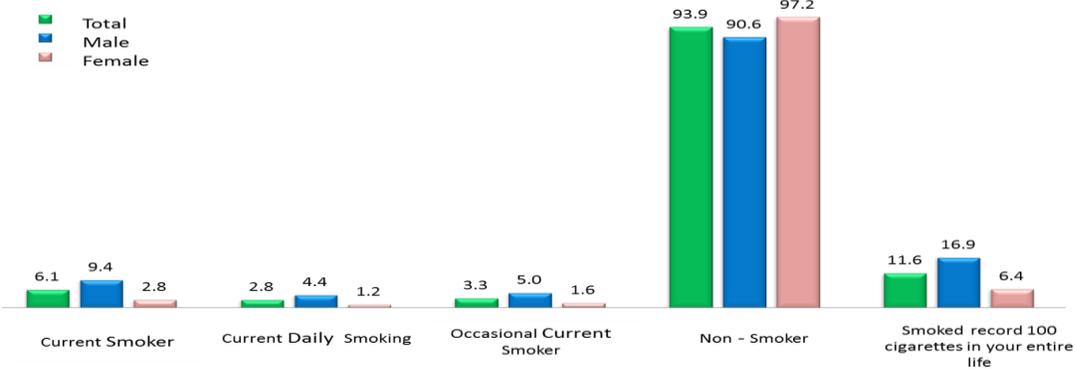
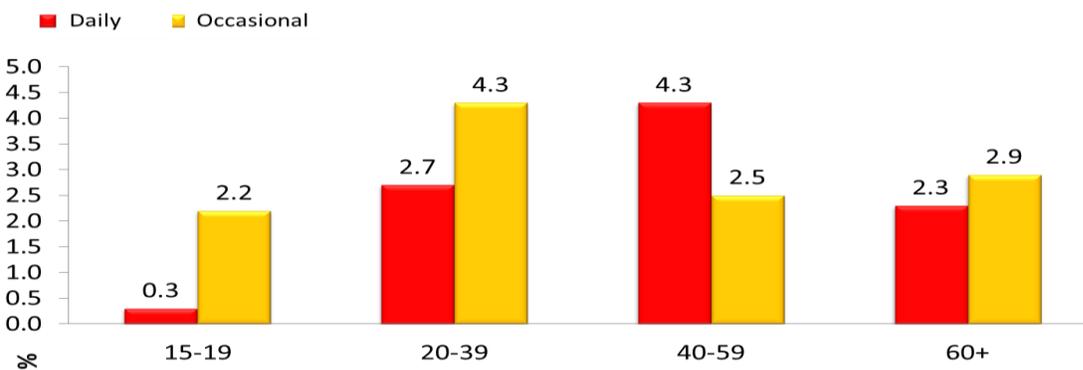


Figure No 4.1.c Percentage of adults of 15 years and more, daily and occasional current by age group. GATS. Panama. 2013.



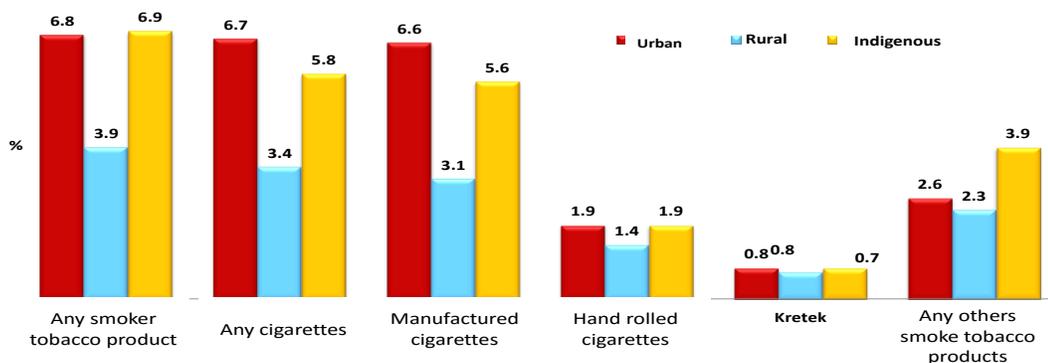
Source: Global Adult Tobacco Survey. Panama. Year: 2013

Current consumption of smokeless tobacco was just 0.8% (0.5-1.2), with the prevalence of occasional use similar at 0.7% (0.4-1.1) (Table 4.1.A.) Estimates for men were 1.0% (0.6-1.8) for current use and 0.9% (0.5-1.7) for occasional use. Despite this low prevalence, continued monitoring of the market for this product is needed. Theoretically, marketing could increase demand, and thus this situation must be watched.

The numbers for prevalence can readily be extended to the entire population of interest. Based on the results, in 2013 there were 163,000 current smokers, including 125,700 men and 37,700 women, a ratio of 3.3 to 1.0. There were 87,900 occasional smokers, and 75,400 were daily smokers. If one assumes that occasional smokers are at the highest intensity of addiction, more addicted than daily smokers, we can postulate that 54% of the smokers (i.e., the occasional smokers) would have trouble quitting. In contrast, the 46% of the smoking population who were daily smokers could probably quit more easily, even without any help or with support of the cessation programs offered in the service network, aided in many cases by the effective implementation of tobacco control measures that are part of the current policy of the Panamanian nation. More details on absolute values can be found in Table 4.2, which is located in the Appendix A.

Among smoked tobacco products, manufactured cigarettes had the highest prevalence, 5.7% (4.5, 7.1) (Table 4.3), with cigars a distant second at 2.0% (1.6-2.7). By age, the 20-39 and 40-59 groups had the highest prevalence for using manufactured cigarettes: 6.6% (5.0- 8.9) and 6.3% (4.7- 8.4), respectively. By geographic stratum, urban areas had the highest prevalence for manufactured cigarettes at 6.6% (5.0- 8.7), but the indigenous stratum had the highest prevalence for other smoked tobacco products. These findings suggest the need for an in-depth exploration into what products are accessible to each population group.

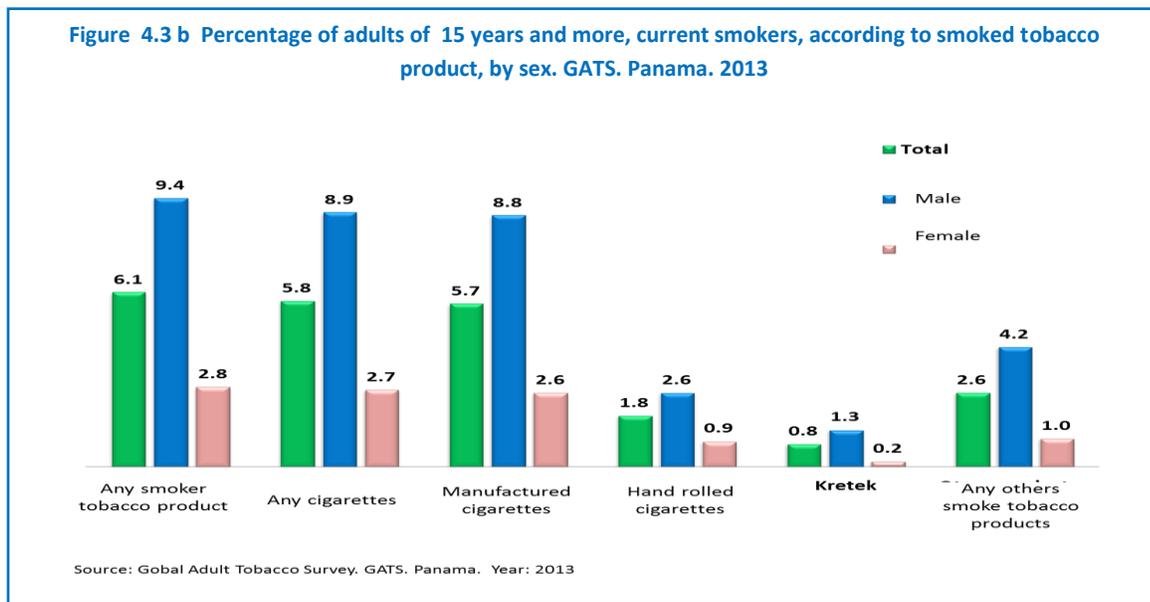
Figure 4.3a Percentage of adults of 15 years and more, current smokers according to ty of smoke tobacco product, by area. GATS. Panama. 2013.



Source:: Global Adult Tobacco Survey. GATS. Panama. Year: 2013

With regard to educational level, we found that those with higher education had the lowest prevalence of smoked tobacco use at 3.4% (2.0-5.7), reflecting the general principle that the higher the education the lower the prevalence. Notably, among those with no formal education, there was a greater prevalence of other smoked products than manufactured cigarettes, with estimates of 3.8% (2.0-7.1) for hand-rolled cigarettes and 5.9% (3.9-8.9) for other smoked tobacco) (Table 4.3).

In terms of distribution by gender, men had a greater prevalence than women for manufactured cigarettes at 8.8% (6.9-11.1); these cigarettes were the preferred type of smoked cigarette in in all three areas. By educational level, among men, those with higher education had the lowest prevalence of manufactured cigarettes at 6.4% (3.5-11.5). For women, this prevalence was highest at the high school level at 3.9% (2.5, 6.0), although those with no formal education had a prevalence of 3.8% (1.7-8.1). For hand-rolled cigarettes, women without formal education had the highest prevalence, 2.3% (1.0-5.4), as was the case for other types of smoked tobacco, 2.7% (1.3-5.7). These results are consistent with the known practices of consumption among the female population of Panama[8].



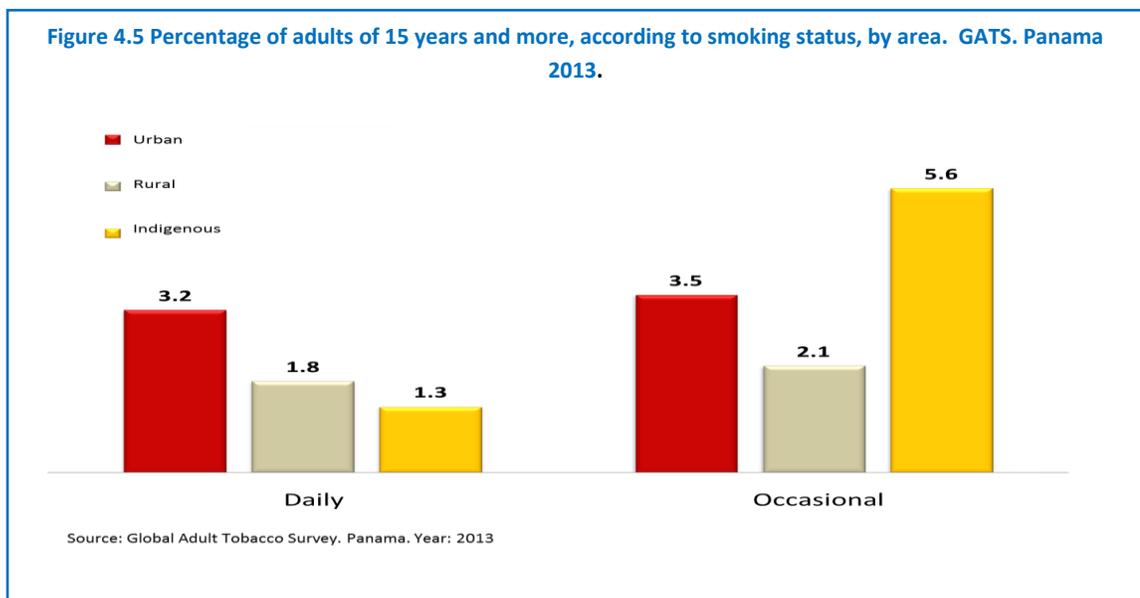
Proceeding from these results, we can say that manufactured cigarettes are by far the most popular tobacco-derived product among Panamanian adults; in absolute values they were used by 117,800 men and 35,700 women. For hand-rolled cigarettes, the figures were much smaller, totaling 35,500 men and 12,700 women. Using these absolute values, we find male-female ratios of 3.3:1 for manufactured cigarettes and 2.8:1 for hand-rolled cigarettes (Table 4.4).

In 2013, 6.1% of the adult population was made up of current smokers (either daily or occasional) while 93.9% (92.5-95.1) were nonsmokers (Table 4.5). Estimates were 2.8% (2.1-3.0) for daily smoking and 3.3% (2.6-4.1) for occasional smoking. By age, the 40-59 group had the highest percentage of daily smokers, while the 20-39 group had the highest

percentage of occasional smokers. There was a statistically significant difference in prevalence within the 15-19 group between daily smokers and occasional smokers. The highest percentage of nonsmokers was in the 15-19 age group, followed by the 60+ group **(Table 4.5)**.

Classification of daily smokers by area found that the urban sector had the highest percentage of such smokers, at 3.2% (2.3- 4.6), while the rate in rural and indigenous areas was 1.8% (1.4- 2.5) and 1.3% (1.0-1.8), respectively. A statistically significant difference between the urban and indigenous areas was found.

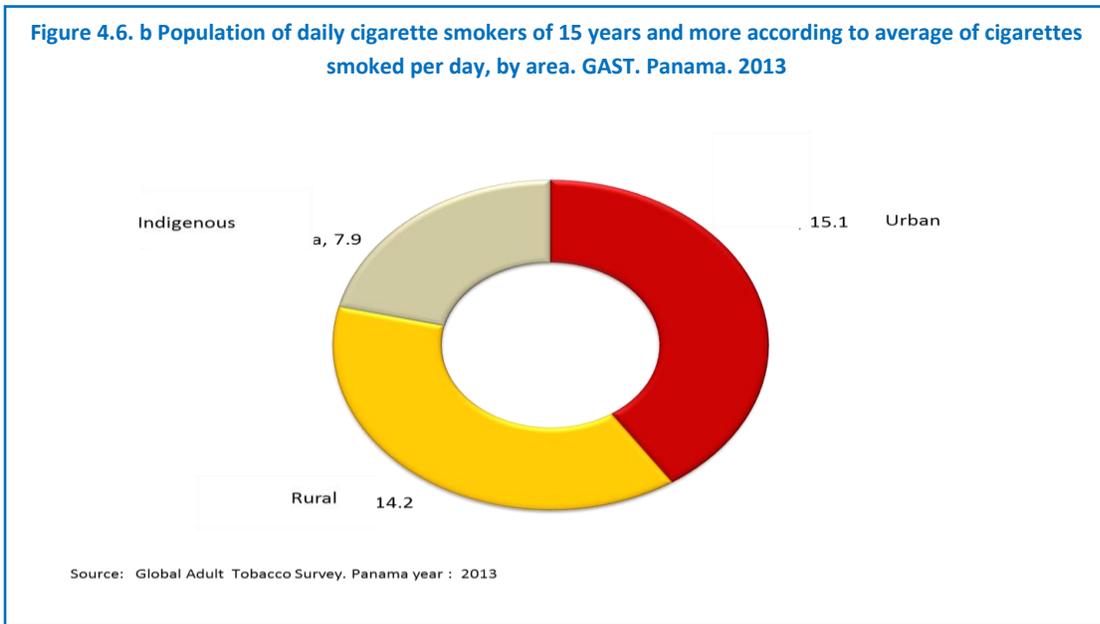
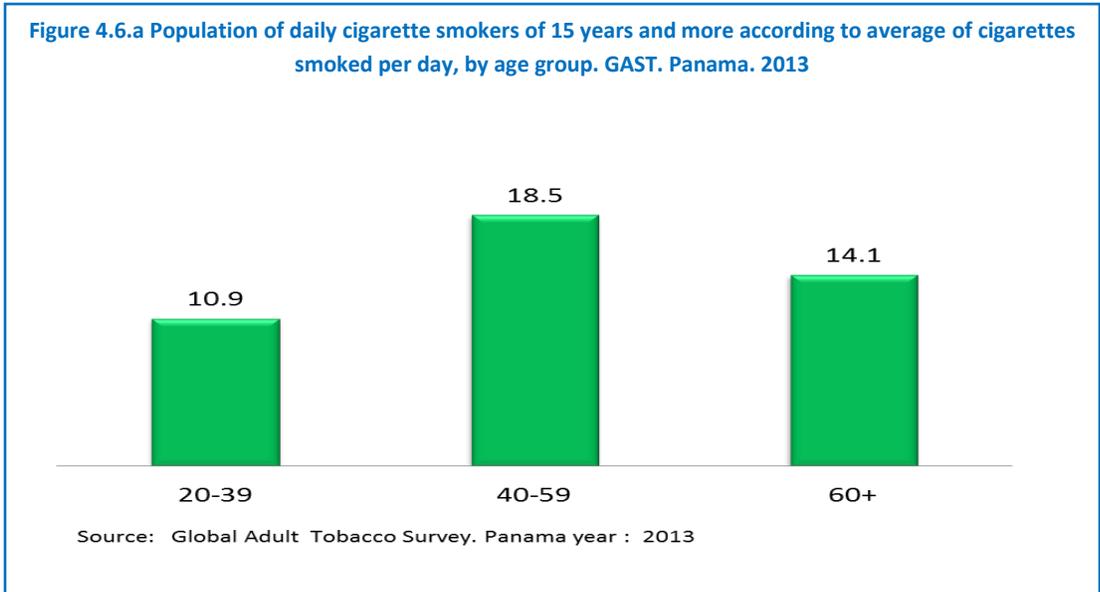
Conversely, occasional smokers, by percentage, were most common in the indigenous area at 5.6% (4.6- 6.6), with the urban area second at 3.5% (2.7-4.7). There was a significant difference between the indigenous area and the rural area (2.1%, 1.5-2.7) on this measure.



As for results by educational level, there were no significant differences in the prevalence of daily smoking between those with no formal education, those with an elementary education, and those with a high school education, with the highest percentage of daily smokers found among those with no formal education at all, at 4.4% (2.8-6.9). Significant differences were found between those with a higher education and those in each of the other groups. Patterns for occasional smokers were generally similar, except that the highest percentage of occasional smokers 4.0% (2.9-5.5) was found for those who had finished high school **(Table 4.5)**.

The average number of cigarettes smoked per day was 14.8 (12.0-17.6), 16.3 (13.1-19.6) for men and 10.1 for women. By age group, those 40-59 had the highest average, 18.5 (14.7-22.3), while by geographic area the two highest averages were 15.1 (11.8, 18.3) for urban and 14.2 (9.6-18.9) for rural. Even though the prevalence of smoking was highest in the indigenous area at 6.9% (5.9-8.1), the average number of cigarettes smoked per day was

lowest in this group at 7.9 (3.9-11.8). This places the analysis of the indigenous area in a context relatively different from what would expect, considering the low consumption intensity but ability to access cigarettes through the merchandising trade, as has been reported by some of the indigenous leaders (Figure 4.6a – Figure 4.6b - Table 4.6).

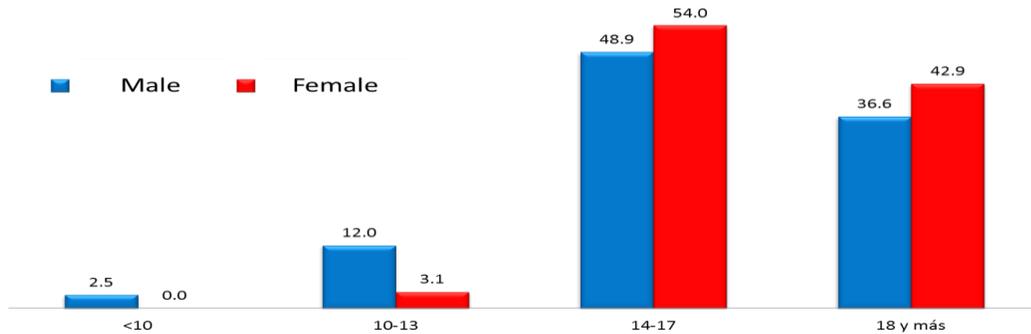


With regard to educational level, we can observe a progression of consumption with greater education; peaking at 18.7 cigarettes (12.4-25.0) for those with a high school education (Table 4.6 does not include an estimate for the university group). By gender, men had a relatively higher participation than women in the range of 15-24 cigarettes daily at 40.4%

(26.6-56.0), while women had greater representation than men in the 5-9 range at 45.7% (24.2-69.0).

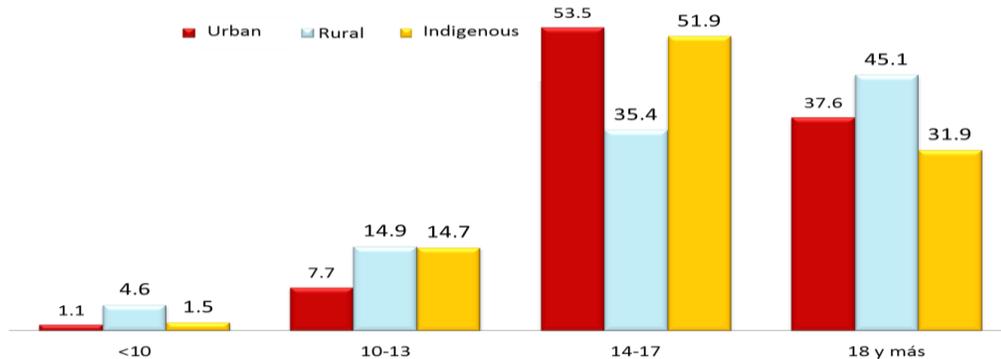
For former daily smokers aged 20-34 years the age of starting to smoke daily was found most frequently in the adolescent period, with 50.5% (34.3-66.6) of these individuals starting when they were in the 14-17 age groups, 48.9% (27.8-70.4) of men and 54.0% (29.1-77.0) of women. By geographic area, the urban sector, at 53.5% (34.1-71.9), and the indigenous sector, at 51.9% (35.2-68.2), had a greater frequency of starting in this age group than did the rural sector (Figure 4.7a – Figure 4.7b -Table 4.7). Regardless, the results underscore the importance of focusing prevention policies on this age group in particular.

Figure 4.7a Distribution of the starting age for daily smoking among former daily smokers aged 20-34 years, by sex. GATS. Panama. 2013.



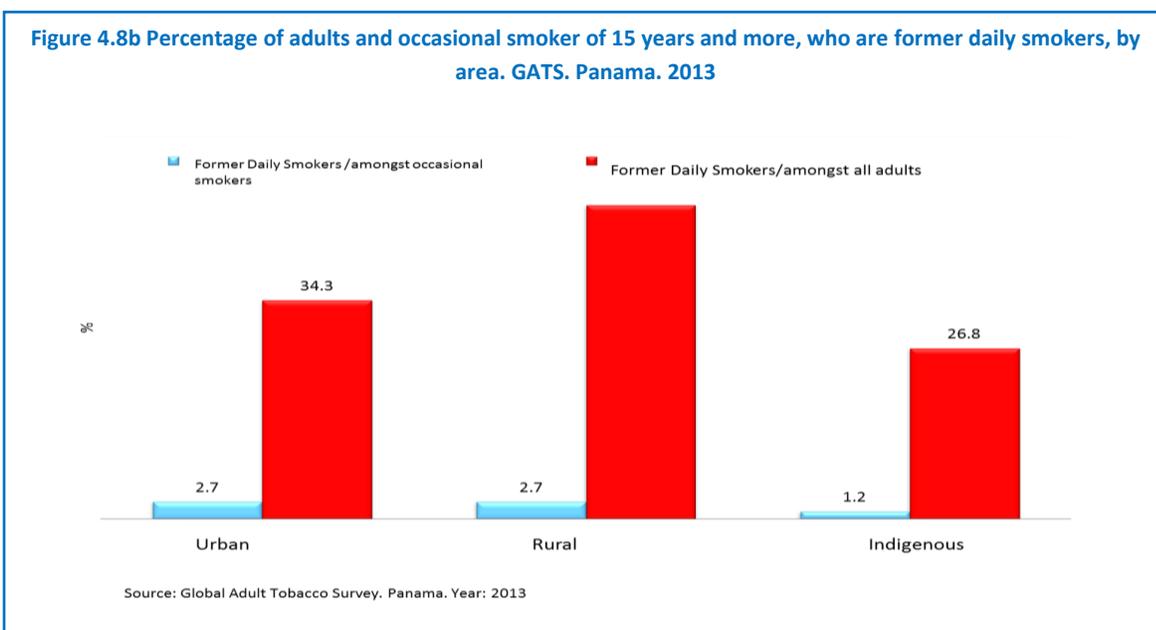
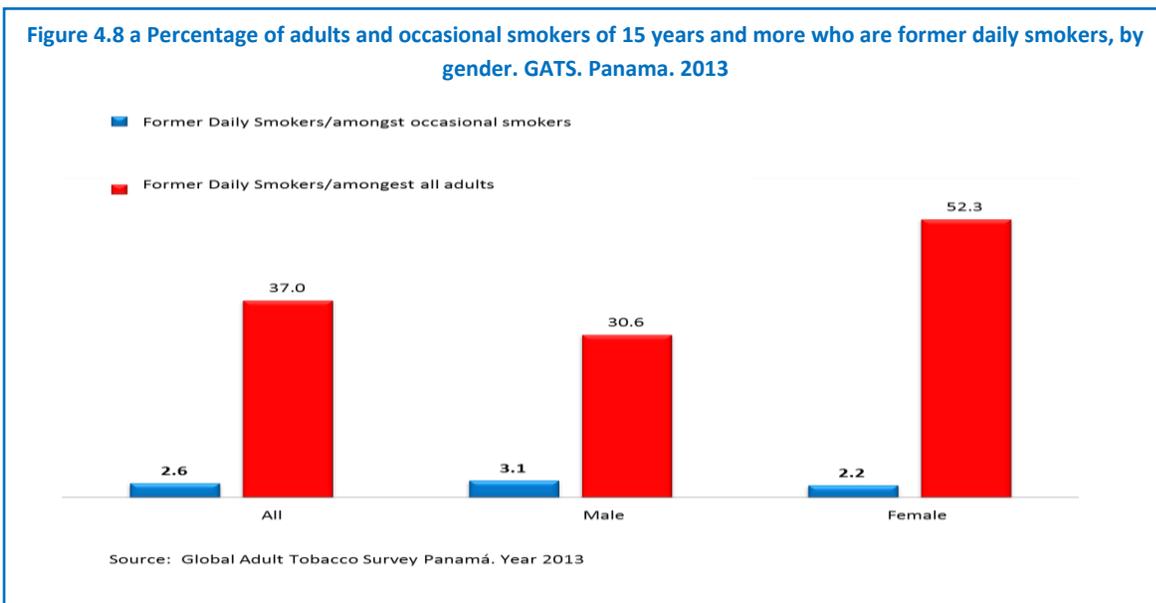
Source: Global Adult Tobacco Survey. Panama. Year. 2013

Figure 4.7b Distribution of the starting age for daily smoking among former daily smokers aged 20-34 years, by sex. GATS. Panama. 2013.



Source: Global Adult Tobacco Survey. Panama. Year: 2013

As for the question of what percentage of all adults were former daily smokers, the answer was 2.6% (2.1-3.2), 3.1% (2.4-3.9) of men and 2.2% (1.6-3.0) of women. The oldest age group, 60+, had the highest prevalence, at 6.7% (5.3-8.6), with the 40-59 groups next at 3.7% (2.6-5.3). By area, the prevalence was 2.7% for both the urban and rural sectors, with a CI of 2.1-3.6 and 2.1-3.4, respectively. Among occasional smokers overall, 37.0% (29.6-45.0) were former daily smokers. By gender, the estimates were 30.6% (23.5-38.7) for men and 52.3 % (39.6 - 64.8) for women, indicating in this case that women were better able to give up daily smoking. Overall, by geography, the percentage was highest for rural areas at 49.2 % (41.6-56.9). By age, the figures were 20.5% (12.7-31.3) for 20-39, 39.2 (28.9-50.5) for 40-59, and 62.2 (50.7-72.4) for 60+, suggesting a greater ability of older people to quit daily smoking. The implication of the result for rural areas is unclear (**Figure 4.8a - Figure 4.8b, Table 4.8**).



Overall, 62.4% (52.2-71.6) of former adult daily smokers had quit smoking at least 10 years earlier; the estimate was 60.7% (47.5-72.6) for men and 64.8% (46.6-79.5) for women. These are encouraging findings. By age, those 60 or above had the highest estimate, 77.4% (64.6-86.5); by area, the highest estimate was for the rural sector at 69.1% (59.0-77.7). By education, a general trend was seen of higher values for greater amounts of schooling (Figure 4.9a – Figure 4.9b - Table 4.9).

Figure 4.9 a. Percentage distribution of former daily smokers of 15 years and more according to the amount of time since they quit smoking, by age group. GATS. Panama 2013.

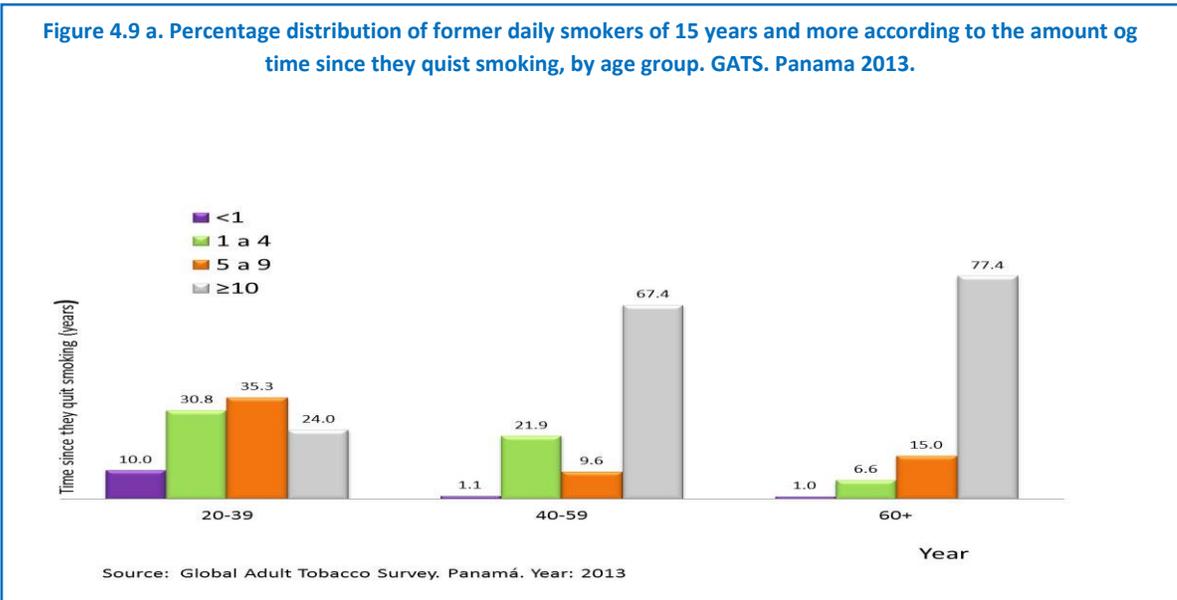
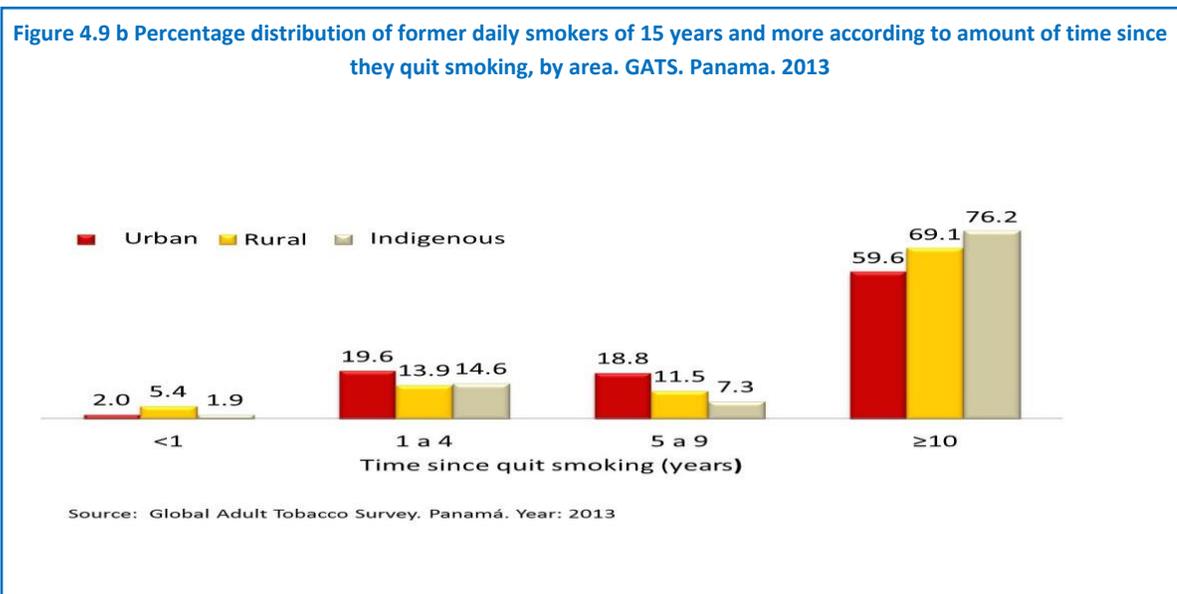


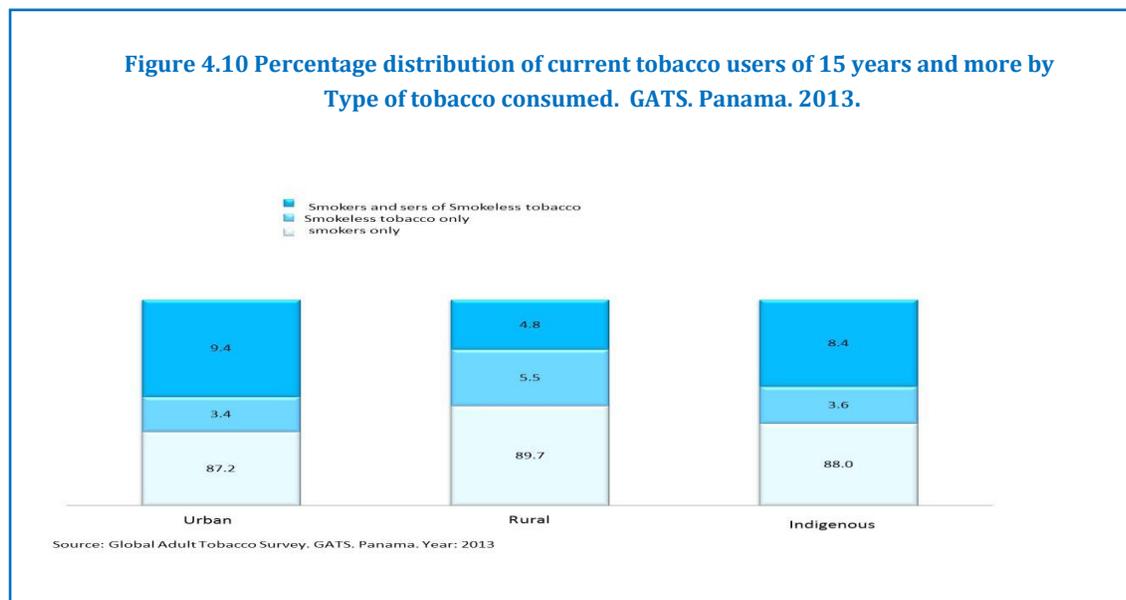
Figure 4.9 b Percentage distribution of former daily smokers of 15 years and more according to amount of time since they quit smoking, by area. GATS. Panama. 2013



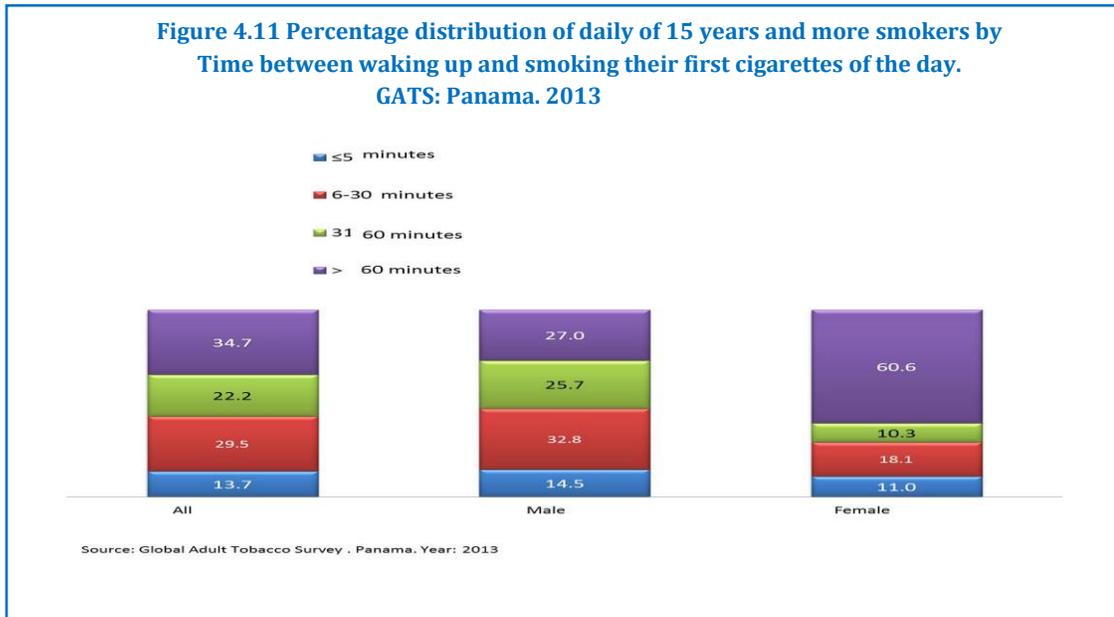
In all, GATS found that 6.4% (5.2-7.8) of adults were current tobacco users, a category that includes both smoked and smokeless tobacco products. In Panama, smoked tobacco is the dominant choice, as shown from the estimates. As illustration, those who used smoked tobacco only represented 87.7% (81.4-92.0) of current users; for smokeless tobacco only the estimate was 3.7% (2.3-6.1), and for both smoked and smokeless it was 8.6% (4.8-14.9).

These figures are consistent with the report that in Panama, 96.3%^[21] of used tobacco products are manufactured cigarettes. Still, even though other consumption methods are marginal, they continue to have a presence in the national market, and if they become a growing trend they could change the consumption structure in the long term (Figure 4.10-Table 4.10).

Taking into account prevalence of consumers of smoked and smokeless tobacco products, this results in 6.4% (5.2-7.8), clearly stating relatively low participation of smokeless tobacco, reflecting barely noticeable changes for the rest of prevalence by gender, age group, geographic area and education. From this total, those who use smoked tobacco represent 87.7% (81.4-92.0), smokeless tobacco 3.7% (2.3-6.1), and both (smoked and smokeless) 8.6% (4.8-14.9). This indicates that in Panama, 96.3% of used tobacco products are manufactured cigarettes. But at the same time, this demonstrates that there are other consumption methods that maybe marginal, but still have a presence in the national market, and in case of becoming a growing trend, they could change the consumption structure at long term (Figure 4.10-Table 4.10).

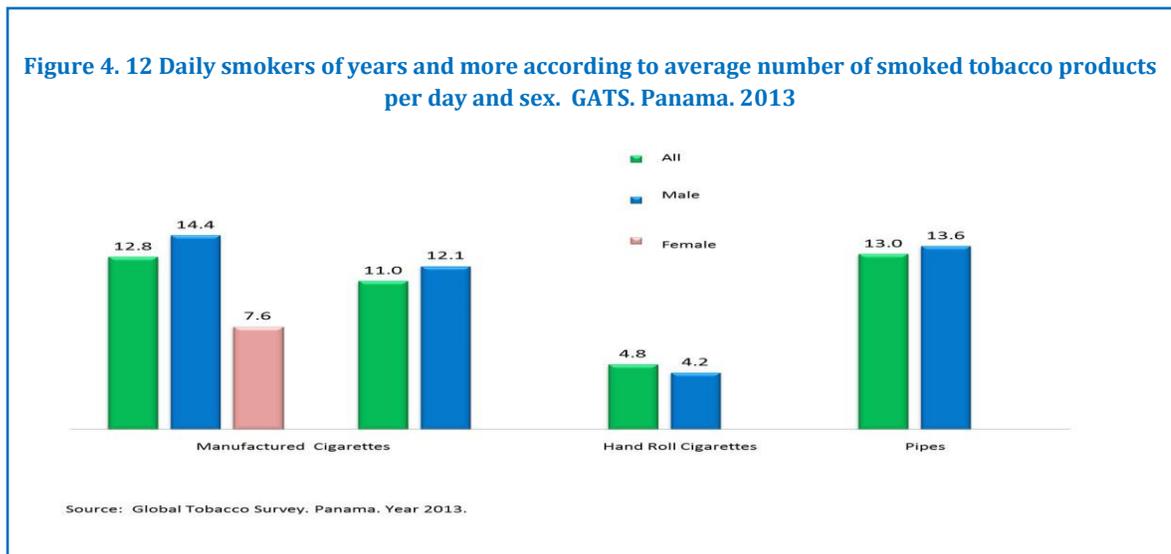


A good measure for analyzing the intensity of addiction is the amount of time that elapses between when the smoker wakes up and when he/she smokes their first cigarette of the day. We found that the highest frequencies overall were more than 60 minutes, at 34.7% (24.9-46.0) and 6-30 minutes at 29.5% (18.1-44.2). In men the frequency of having their first smoke more than 60 minutes after awakening was 27.0% (18.0-38.5), but the comparable figure for women was 60.6% (41.0-77.4), suggesting a greater ability for women to hold off on having their first cigarette of the day (**Figure 4.11 - Table 4.11**).



By age group, almost half of those aged 20-39 years, 47.3% (30.7-64.4), waited on average more than 60 minutes to light their first cigarette, while by geography the indigenous area, at 64.7% (49.5-77.5), and had the highest estimate for this time frame.

As for the volume of smoked tobacco products for adults generally, the daily averages were 12.8 (10.4-15.1) for manufactured cigarettes, 11.0 (7.3-14.6) for the hand-rolled variety and 13.0 (10.4-15.6) for cigars. Given the marginal use of cigars in Panama, this last figure seems high, but it remains important to give cigar use careful consideration. It would be a good idea to conduct an in-depth analysis in a more disaggregated fashion of what specific types of cigar are used in the country (**Figure 4.12 - Table 4.12**).



Discussion

Between 80's and 90's current prevalence of tobacco, studies have hovered around 25.0%, although the documentary elements are inaccurate. In 2007, two years after the implementation of some measures pertaining to advance the implementation of the FCTC and the Decree 17, two years after its entry into force are collected, the National Survey of Health and Quality of Life was held (ENSCAVI), which applies the methodology of household survey whose sample reached 25.748 persons 18 years and over in urban, rural and indigenous areas, where a tobacco current prevalence of 9.4% was estimated with a differential between men and women 17.7% and 3.9%, respectively. In this study identified that the indigenous area population had a higher prevalence than the national average and reached 13.5% (male: 24.8% - female: 5.0%)[8].

Today, the GATS allows the country to recognize that tobacco used has had a percentage decrease of 8.72%, to compare their results with those of ENSCAVI, 2007[8]and are the cigarettes largest consumer with a marginal consumption tobacco products not smoked. It has also reflected an average consumption of 14.8 cigarettes per day units and an average age of onset of daily consumption of 16.9 years.

In 2012, Panama applied for the third time Global Youth Tobacco Survey, found that despite the control provisions about use tobacco existing in the country, was an increase of current tobacco prevalence compared to the figures estimated for 2008, a situation that was reflected for both boys and girls. The current prevalence stood at 8.3% in 2008 and 12.7% in 2012. In the case of cigarettes, the prevalence of consumption in 2008 was 4.3% (3.0 to 6.2) and in 2012 by 5% (4.2 - 5.9), although a slight increase in prevalence is reported, no statistically significant differences for both the overall prevalence, for sex were estimated[22, 23].

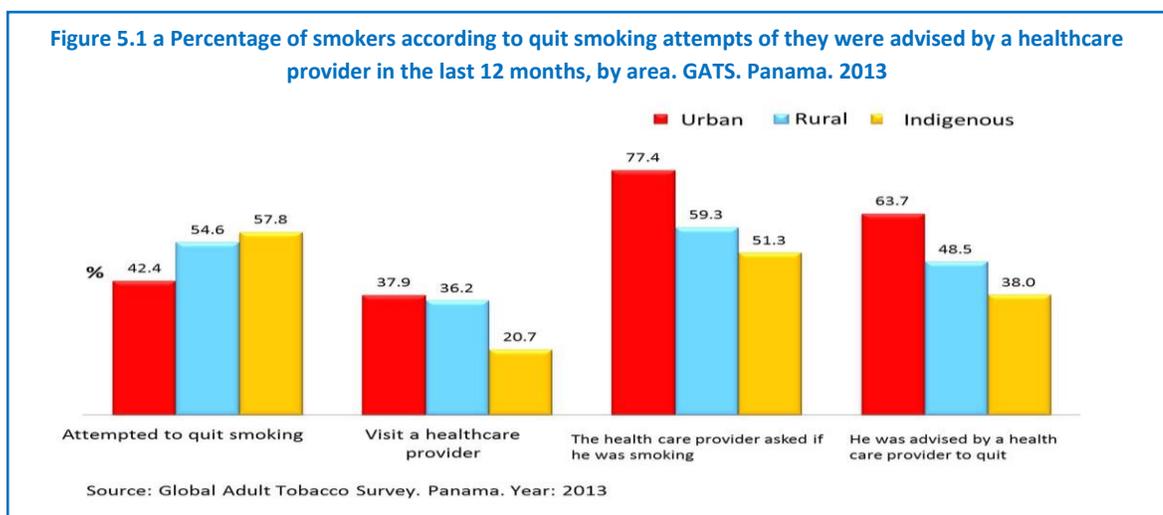
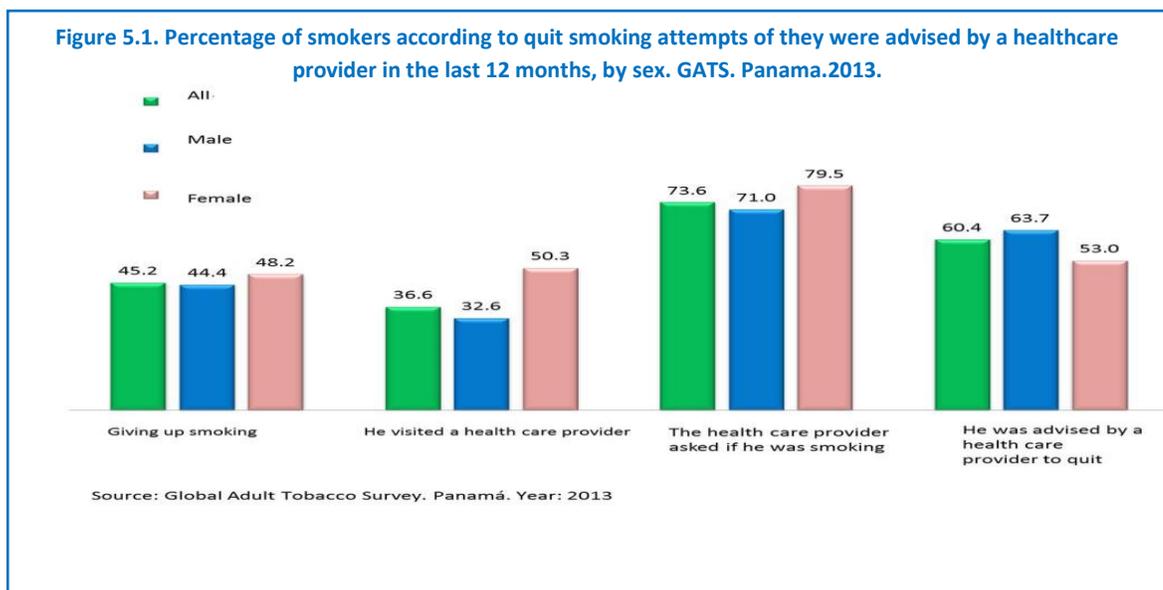
However, a new problem is affecting the tobacco used in young people, who have changed their practice of consumption towards other smoked products tobacco happened where the prevalence step 5.8% in 2008 to 9.3% in 2012[22, 23], estimated differences statistically significant. This behavior was not reflected in the adult population, objective investigation of the GATS.

In reviewing the current tobacco prevalence in adults is observed that the results of the GATS Panama becomes the second country in the world with the lowest prevalence in adults and holding the lower prevalence in the region of the Americas . Niger is the country with the lowest prevalence in the world (WHO, 2013; PAHO 2013).

CHAPTER 5

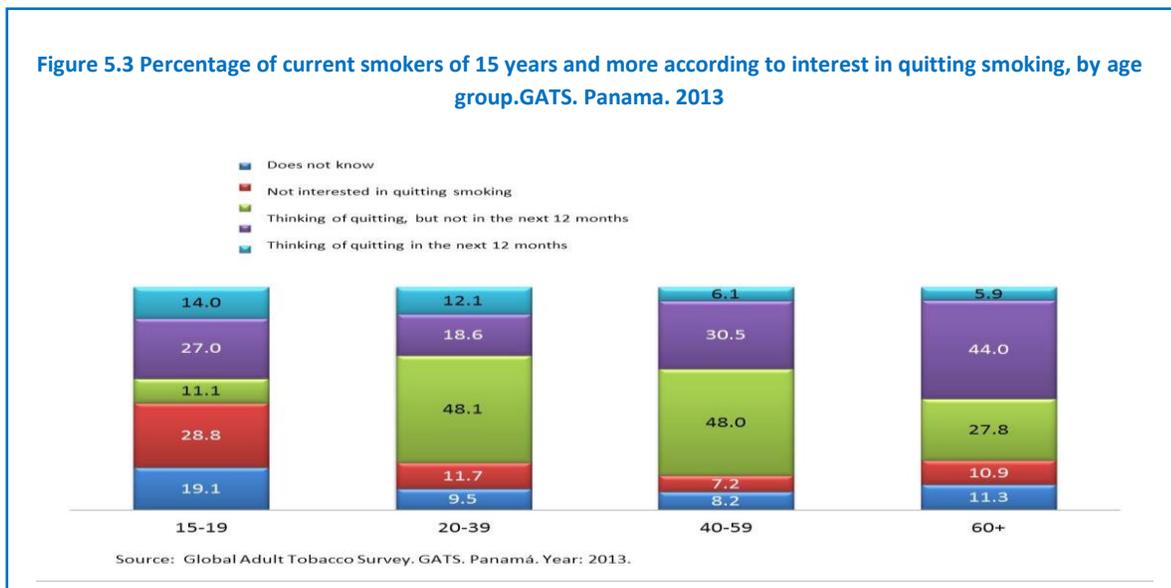
CESSATION

For adult smokers overall, the estimate for having attempted to quit smoking in the past 12 months was 45.2% (36.2-54.6); it was 44.4% (34.7-54.5) for men and 48.2% (34.4-62.3) for women. By age, the youngest group (15 to 19) had the highest percentage at 68.1% (35.0 - 89.5), with those aged 20 to 39 years next at 51.6% (38.0 - 64.9). By area, the highest percentages were observed in the indigenous sector at 57.8% (49.6- 65.6) and the rural sector at 54.6% (44.5-64.4). Essentially three-fifths, 60.4% (48.3-71.3), of smokers had received advice from a health-care provider in the last 12 months to quit smoking, with estimates of 63.7% (49.3-76.0) for men and 53.0% (34.8, 70.5) for women (**Figure 5.1 - Figure 5.1a - Table 5.1**).

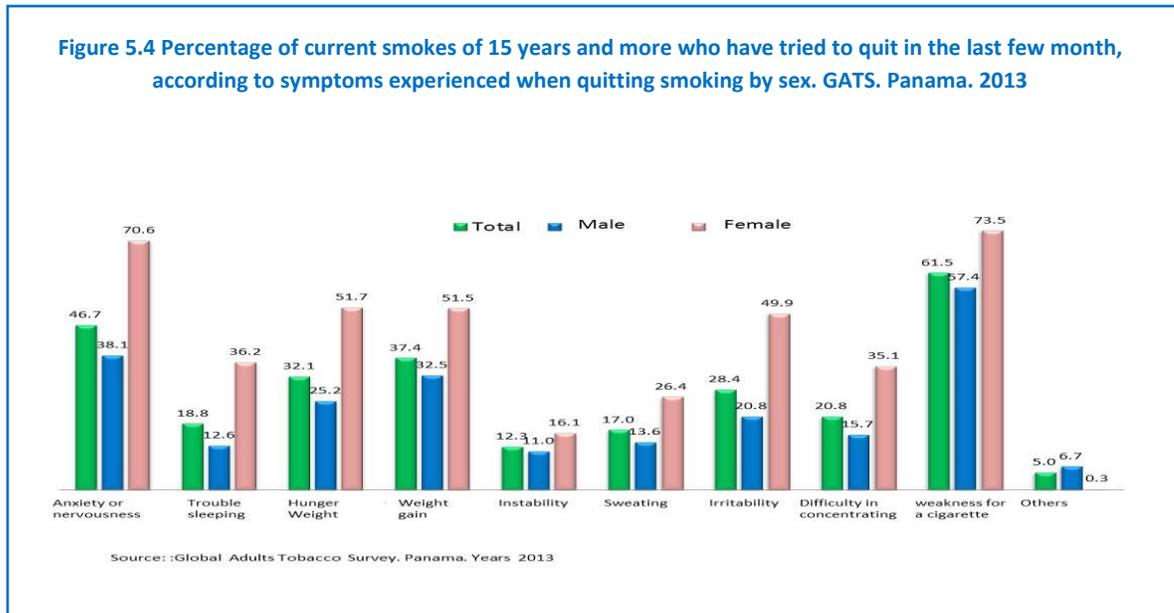


Several different methods were employed by those who had tried to quit smoking in the last 12 months: Almost three-fourths, 74.0% (64.7-81.6), tried to quit on their own; the estimate here for those aged 60 or over was 82.4% (65.1-92.1). This high figure might be attributed to the presence in this group of illnesses related to tobacco use. A far less common method was counseling, at 11.8% (7.0-19.1), with estimates here of 11.3% (6.3-19.3) for men and 13.2% (4.2-34.4) for women. The youngest group (15-19), at 36.0% (9.3-75.6), and the oldest group (60+), at 32.1% (12.5-61.0), were the only two age groups for which the counseling estimate exceeded 9% (**Table 5.2**).

For wanting to quit someday but not in the next 12 months, the overall estimate was 43.6% (36.2-51.4), 42.8% (34.8-51.2) for men and 46.2% (31.6-61.5) for women. The estimates by age group included 48.1% (38.0-58.4) for those 20-39 and 48.0% (33.4-62.9) for those 40-59; for those 15-19 the estimate was just 11.1% (4.3-26.0). By geographic area, the estimate for the rural sector was 49.8% (41.2-58.3), with the other two areas not far below this estimate. For planning to quit smoking in the next month the estimates were much lower, just 9.8% (7.1-13.4) overall, revealing a low level of willingness to quit smoking in the near future (**Figure 5.3 - Table 5.3**).



Of the symptoms suffered by those who had tried to quit in recent months, the most common were craving for smoking at 61.5% (50.5-71.5) and anxiety or nervousness at 46.7% (36.8-56.8). Women were more likely to suffer these two symptoms than men, with estimates for women of 73.5% (55.1-86.3) and 70.6% (53.1-83.5), respectively. For men these estimates were 57.4% (45.1-68.8) and 38.1% (27.6-49.8) (**Figure 5.4 - Table 5.4**).



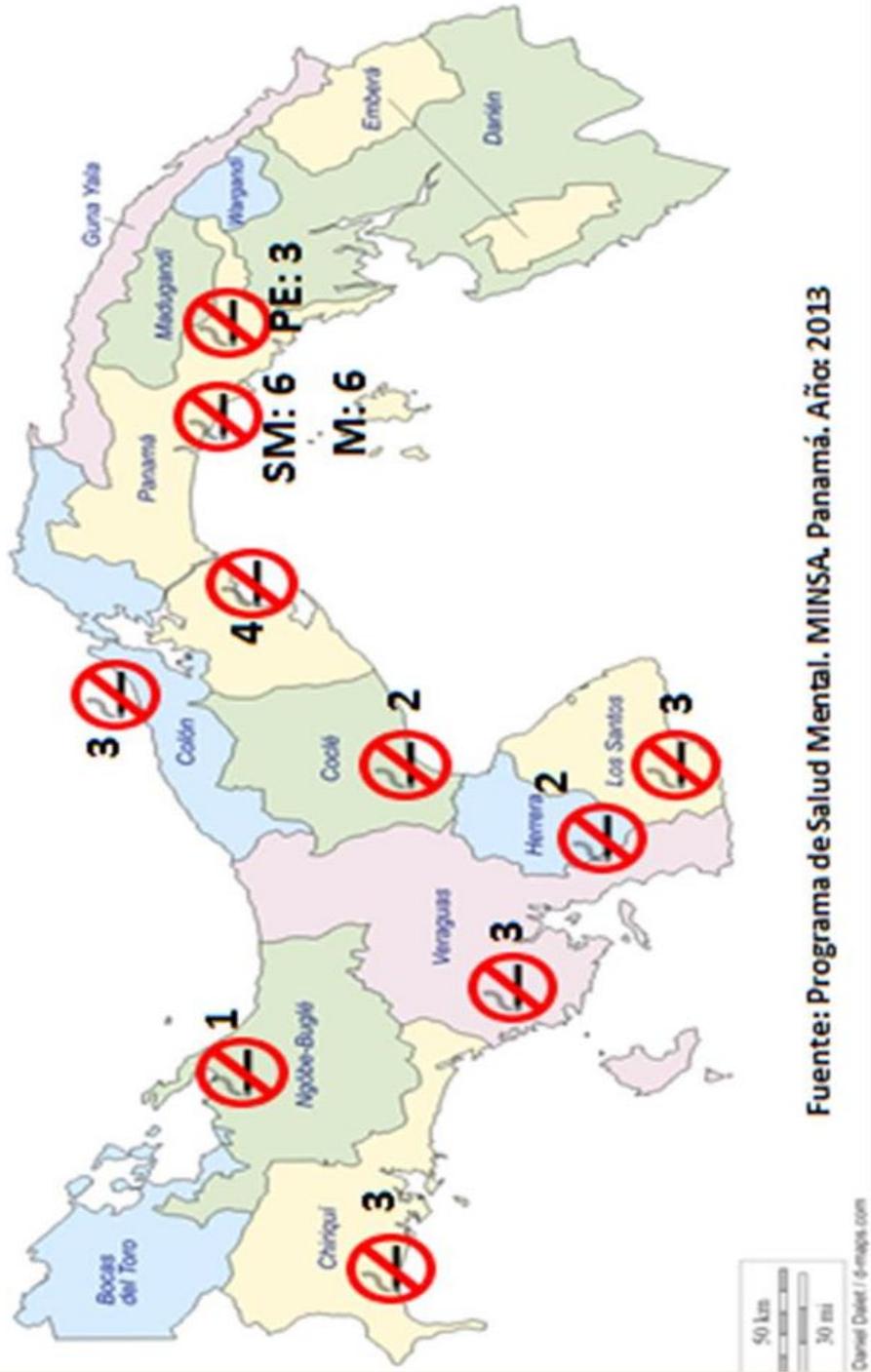
As noted earlier (Tables 5.1 and 5.2), in the past 12 months 6 of 10 smokers had received counseling from a health-care provider to quit smoking, and 12% had received orientation/guidance from a counselor, but only about 4.5 of 10 smokers had tried quitting. The majority tried quitting smoking on their own, and very few used pharmacotherapy. By comparison, figures from the GYTS indicate that 4 out of 10 smokers aged 13 to 15 years wanted to quit, and 68.7% had tried to quit in the last year. These figures showcase a similarity in behavior between the young and adult populations with regard to attempts to quit smoking.

Discussion

In accordance with what is established in the FCTC and in national legislation in terms of tobacco control, since 2010 the Ministry of Health and the Social Security Fund in Panama have worked on strengthening their outpatient network in order to bring cessation clinics and the population closer together, from a comprehensive perspective and in the framework of a renewed Primary Healthcare (PHC). Today, Panama has 36 clinics that offer free comprehensive treatment, funded by an excise tax on tobacco products.

Figure 5.5 Distribution of the 36 tobacco cessation clinics. Panama. Year: 2013.

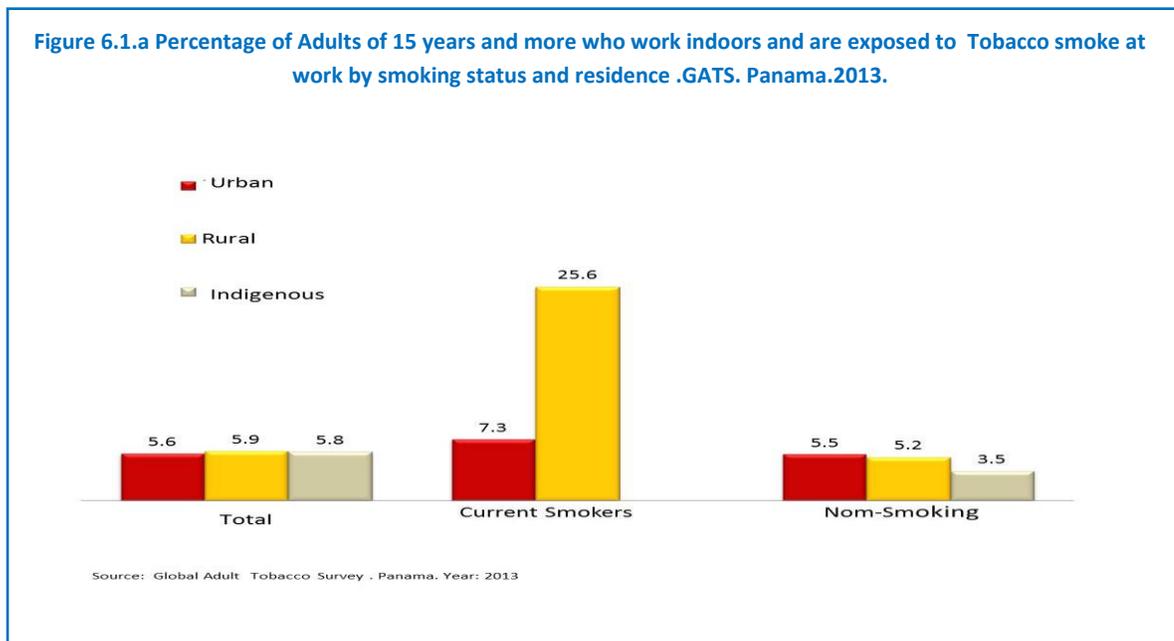
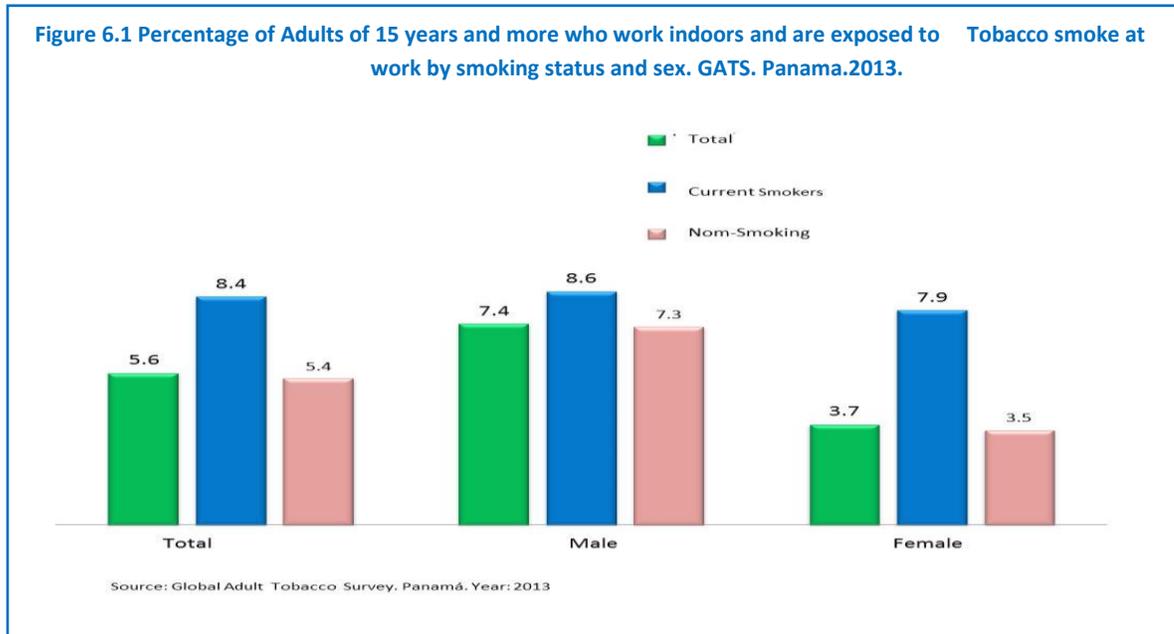
Figure 5.5 Distribution of the 36 tobacco cessation clinics. Panama. Year: 2013



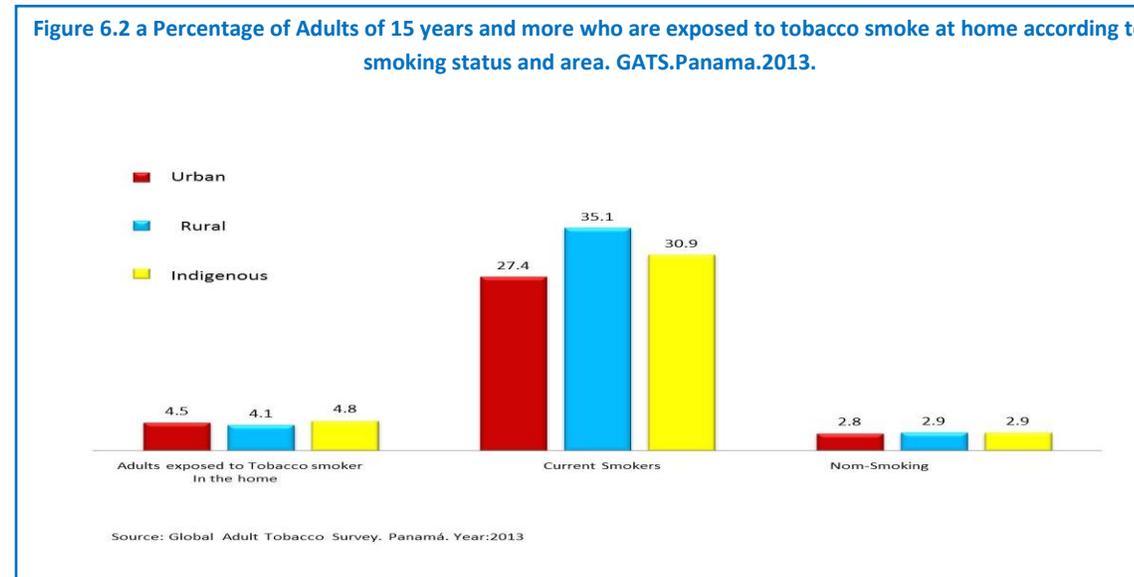
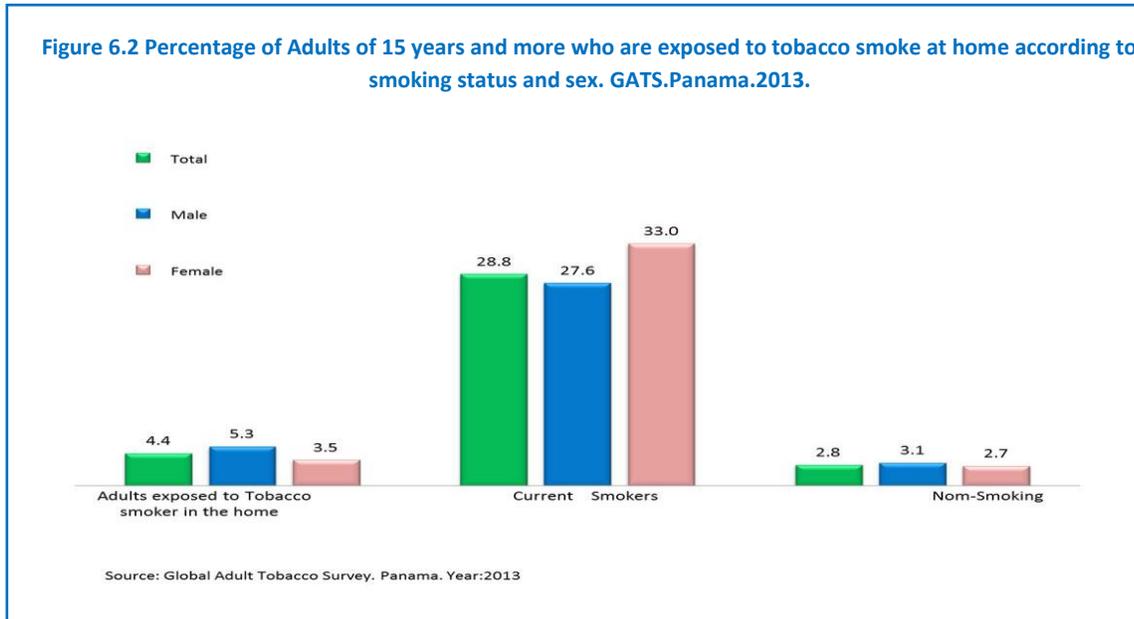
CHAPTER 6

EXPOSURE TO SECONDHAND SMOKE

Overall, for those working indoors the estimated prevalence of exposure to secondhand smoke was 5.6% (4.2-7.5), 7.4% (5.1-10.6) for men and 3.7% (2.4-5.7) for women. Overall results were similar for non-smokers, but the estimate for current smokers was 8.4% (3.3, 19.7). In general, the findings indicate a high degree of compliance with smoking bans in indoor work spaces (**Figure 6.1 – Figure 6.1a - Table 6.1**).

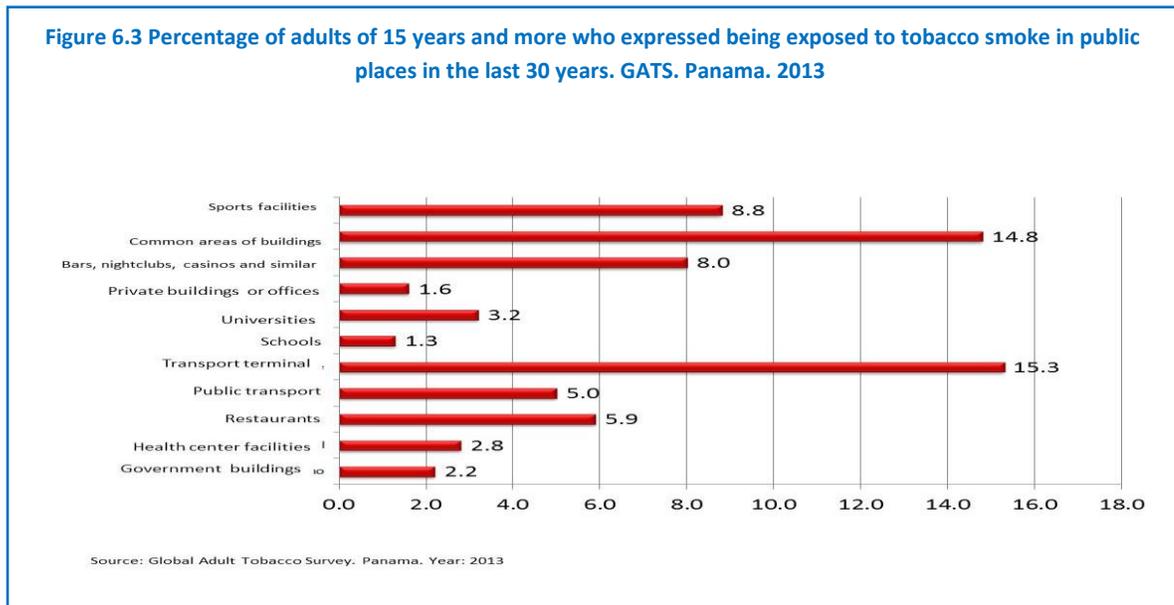


Regarding exposure to tobacco smoke at home, the overall prevalence was 4.4% (3.7-5.2), with estimates of 5.3% (4.1-6.8) for men and 3.5% (2.9-4.3) for women. These low rates suggest a greater amount of pressure from the family unit or a greater awareness among smokers about the effects of secondhand smoke (**Figure 6.2 – Figure 6.2a - Table 6.2**).



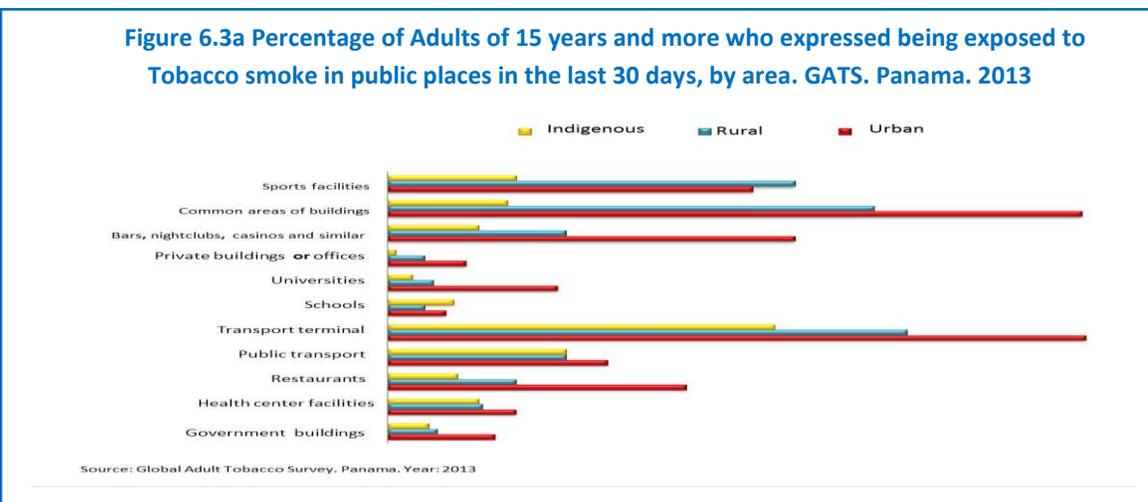
Within the adult population, the prevalence of exposure to tobacco smoke in public places in the last 30 days was highest in transportation terminals, at 15.3% (13.8-17.1), followed by common areas in buildings at 14.8% (12.5-17.5), sports facilities at 8.8% (6.5-11.7), and then bars, night clubs, casinos, and similar at 8.0% (6.9-9.4). These figures indicate that these environments have greater issues with the enforcement of smoking bans, findings that

underscore the need to strengthen surveillance actions and control, led by the health regions of the Ministry of Health **(Figure 6.3 – Figure 6.3b -Table 6.3).**

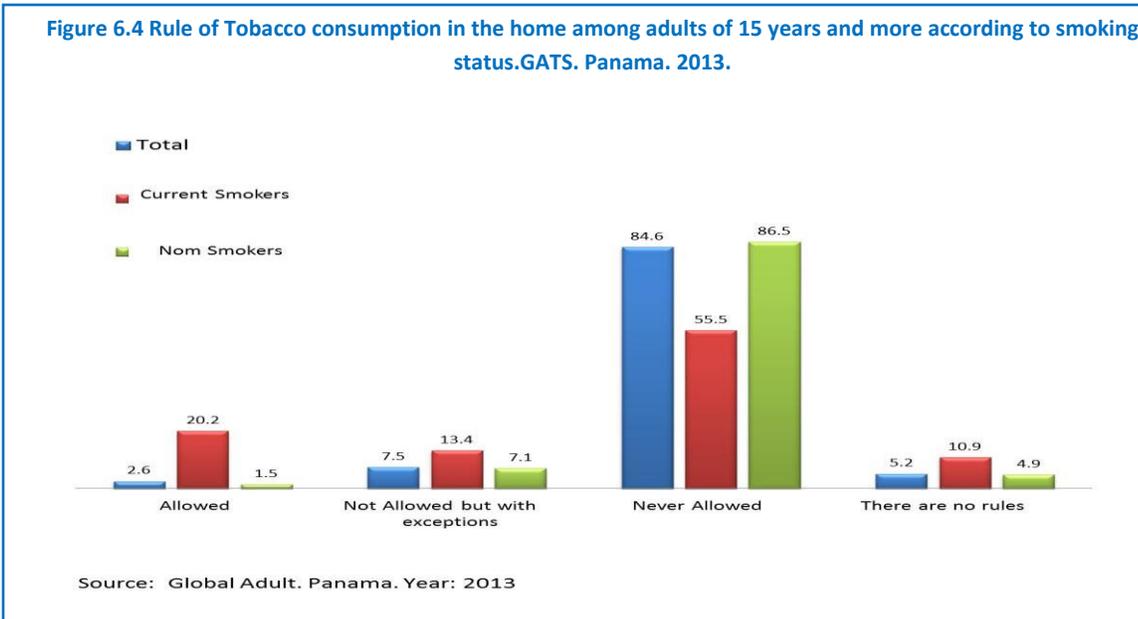


The analysis per area **(Figure 6.3a)** shows that urban transportation terminals (16.8%) and common areas in urban buildings (16.7%) had the highest estimates for exposure to tobacco smoke in a public place. For most of the public places studied, the estimate was higher for urban than for rural or indigenous places.

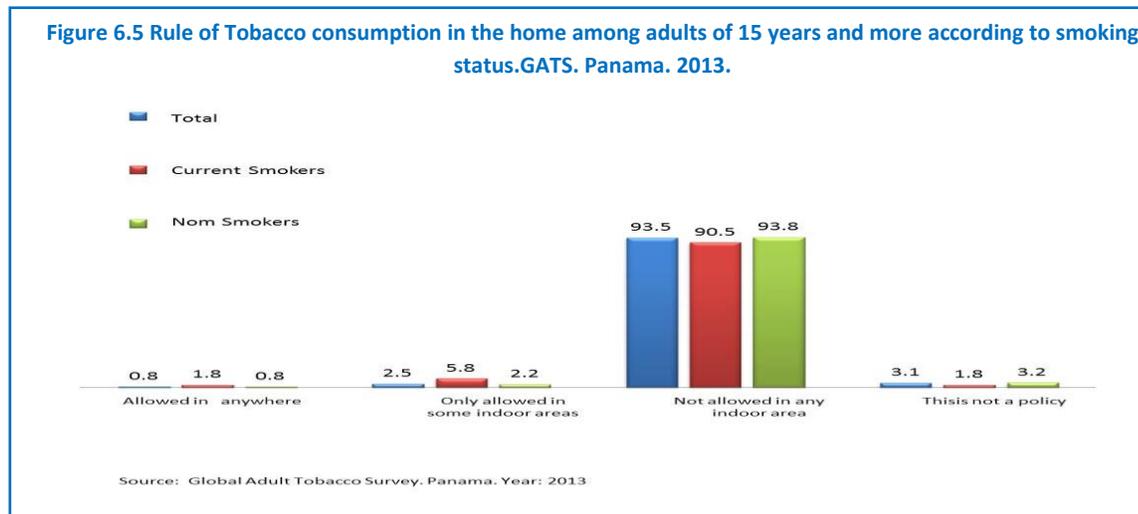
Regarding the high rate for transportation terminals, these facilities tend to be open areas, are often informal, and in some cases do not have the appropriate structures, which hinders surveillance, especially in the case of public transportation. . The difficulty with the common areas of buildings is that they are usually private properties, with restricted access, and thus the homeowners association would need a high level of awareness about laws governing smoking and secondhand smoke. The same issues would be relevant for private sports facilities or venues.



With regard to household rules for smoking, in an estimated 84.6% (83.3-85.8) of adults' homes it was never allowed; in 2.6% (2.1-3.3) it was allowed, and in 7.5% (6.7-8.3) it was not allowed (but with exceptions). For 5.2% of the population there were no rules, however, suggesting that the rates for allowing smoking were probably somewhat higher than those presented. Interestingly, among non-smokers, smoking was never allowed in 86.5% (85.3-87.6) of the homes, an estimate that was far above the corresponding estimate for smokers of just 55.5% (47.6-63.2). Regardless, the high overall rate for never allowing smoking in the home suggests that here there is a greater sensitivity to protecting the family from secondhand smoke (**Figure 6.4 - Table 6.4**).



Panama's rules against smoking in the workplace had high levels of compliance, as can be deduced from the 93.5% (91.8-95.0) rate for not allowing any indoor smoking at all. This percentage was high among both smokers, 90.5% (80.5-95.7), and nonsmokers, at 93.8% (92.0-95.2) (**Figure 6.5 - Table 6.5**).



Discussion

With the enactment and entry into force of Law 13 of 2008, a smoking ban was established in a variety of places: indoor working environments, the common areas of public and private buildings used for either commercial or household purposes, public places with high volumes of people, and both indoor and outdoor public and private spaces that were intended for sports activities. Managers or the people in charge of these establishments are responsible for enforcing the measures and may be assisted by the National Police. The results of the GATS indicate a level of protection against secondhand smoke of over 90% for households, indoor workplaces, offices and government buildings, medical centers and public transportation, and restaurants. Based on these findings, it would be logical for smokers to do more of their smoking at home. The low overall prevalence of smoking tobacco products, estimated by GATS 2013 to be 6.1% [1], suggests good compliance with control measures applicable to open and closed spaces, which are stated in Law 13 of 2008. It also suggests that people have a more accurate and specific answer when they are talking about their household and workplace than when they talk about public areas.

The ENSCAVI (2007) found reported levels of exposure to tobacco smoke of 19.3% [8] in the household, 11.4% in the workplace, and 24.3% in recreational environments; during the time of that study there were assigned spaces for smokers and nonsmokers in workplaces and recreational areas. The GATS allows us to more broadly identify the degree of exposure perceived by the Panamanian population, and in a more recent time frame.

The Survey of Prevalence of Risk Factors of Cardiovascular Illnesses [9], which took place in 2010 and was conducted in a population aged ≥ 18 years, involved interviews with 3,590 people residing in the provinces of Panama or Colon, of whom 1,074 were men and 2,516 were women. These two provinces are home to approximately 60% of the Panamanian population aged 18 or over, and they contain the highest percentage of establishments of interest to tobacco control, defined in Article 5 of Law 13 of 2008, regarding spaces that should be 100% free of tobacco. For health-care purposes, this population is distributed in five health regions: East Panama (n = 667), West Panama (n = 555), Metropolitan (n = 813), San Miguelito (n = 524), and Colon (n = 1031). This study inquired about the perception of the population aged ≥ 18 years with regard to exposure to secondhand smoke in the last 30 days and found the following, based on the self-reports:

- Somewhat less than one-fourth (22.3%) had experienced smoking in their presence inside the household.
- Essentially 7 of 8 (87.4%) had not experienced smoking in their presence while in the workplace (there was no answer for 1.1%).
- Most (83.9%) had not experienced smoking in their presence in recreational centers in the last 30 days (1.1% did not specify their answer).

Meanwhile, in the GYTS (Global Youth Tobacco Survey), with regard to exposure to secondhand smoke in households, a progressive decrease from 2002 to 2012 totaling 21.4 percentage points was reported [23]. Similarly, in 2012 fewer young people were exposed to secondhand smoke outside their home, although an estimated 35.1% had been exposed outside their household, the ban on smoking indoors notwithstanding. This underscores the

need to ban tobacco use in some open spaces where smoking is still permitted, and to reinforce surveillance for compliance with Article 5 of Law 13 of 2008[3].

Recently, the Gorgas Memorial Institute conducted a survey financed by the International Development Research Centre and found that 92%^[25] of the managers, owners, or administrators of hostels agreed with the provisions for smoke-free environments stated in Law 13 of 2008.

CHAPTER 7

ECONOMY

Of the manufactured commercial brands that are legal in Panama, Viceroy, with 30.1% (23.4-37.7), and Marlboro, with 21.0% (15.0-28.7), had the highest market participation. In every age group but 60+, Viceroy ranked first, although Marlboro was a close second in the 20-39 group. In the 60+ group, Kool was first among the identified brands. Unlike the urban and rural areas, where the predominant brands were Viceroy and Marlboro, in the indigenous areas, although Viceroy ranked first, mentholated cigarettes were second. Notably, 15% of manufactured cigarettes in the indigenous area represented illegal brands (**Figure 7.1 - Figure 7.1a - Table 7.1**).

Figure 7.1 Percentage of current smokers of 15 years and more who smoke manufactured cigarettes according to last brand purchased, by age group. GATS. Panama.2013.

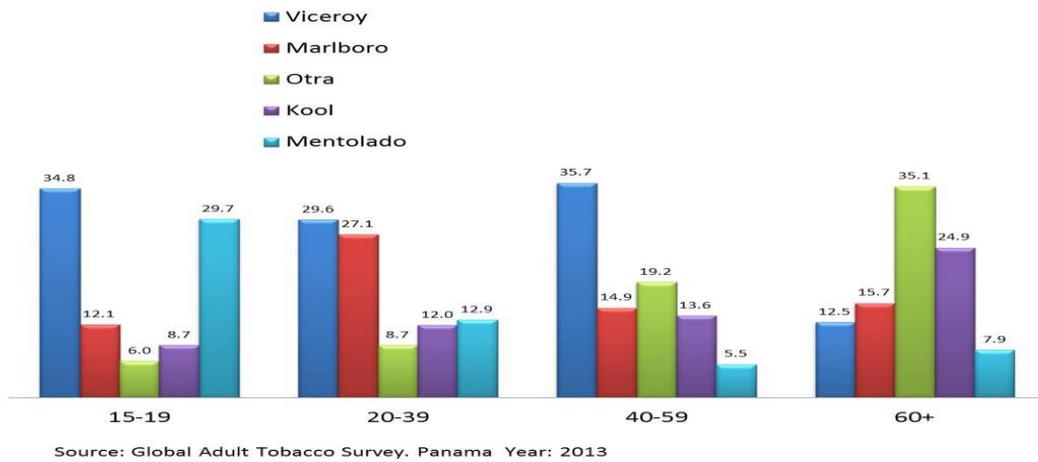
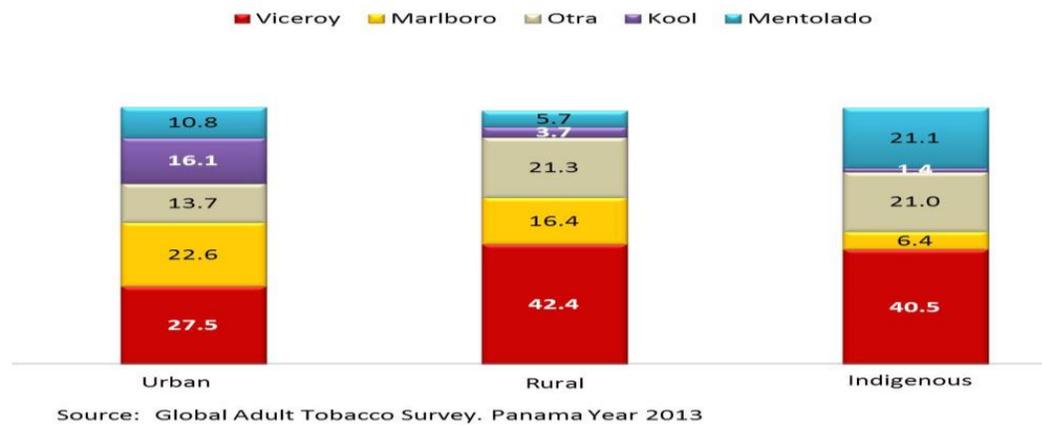
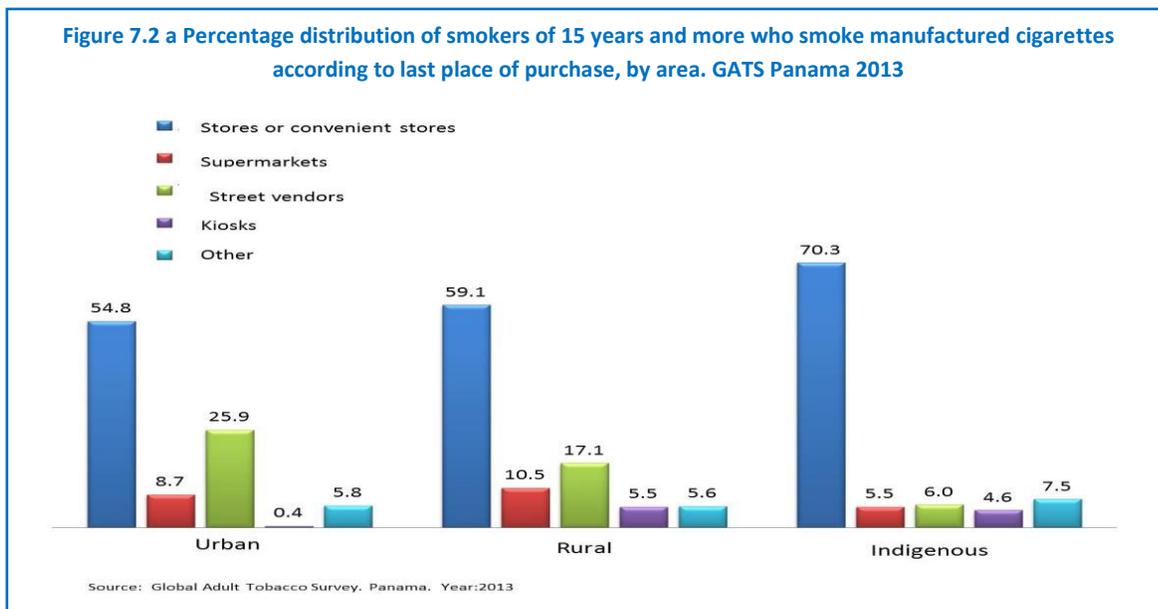
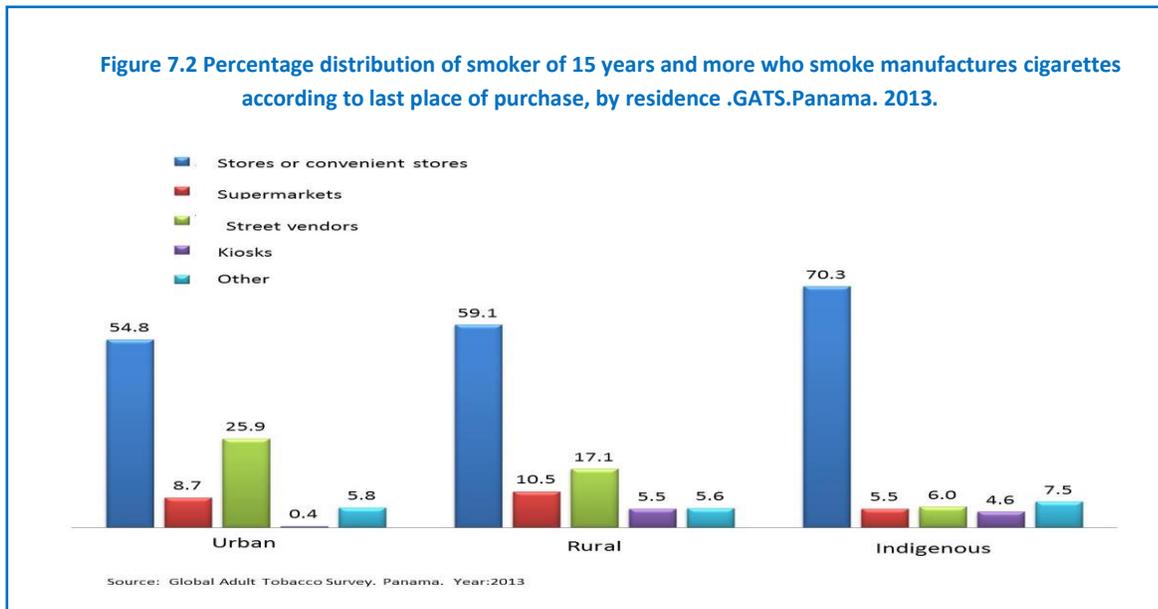


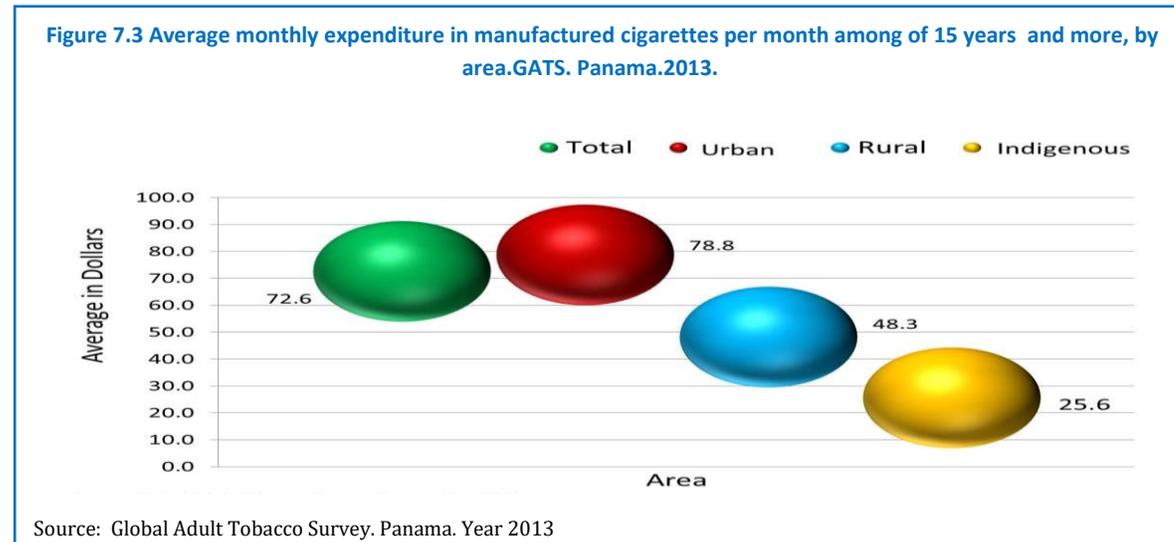
Figure 7.1.a 1 Percentage of current smokers of 15 years and more who smoke manufactured cigarettes according to last brand purchased, by area. GATS. Panama.2013.



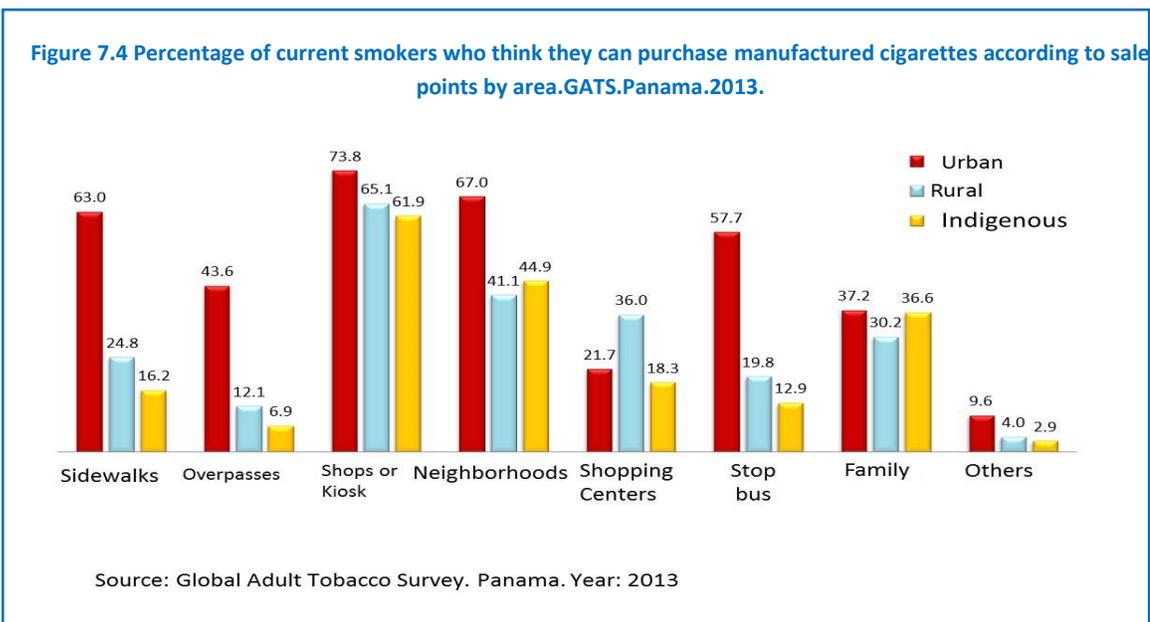
As for the place where manufactured cigarettes were purchased, formal sales continued to dominate, with stores or convenience stores far ahead of other venues at 56.0% (47.2-64.5), as supermarkets finished a distant second at 8.8% (4.9-15.1). Almost one-fourth of sales, however, were done through street vendors (23.9% [16.3-33.7]), and this type of sale is most prone to illicit trade. Encouragingly, there was no evidence of any purchase or sale of control band cigarettes to minors. The patterns were similar by geographic area (**Figure 7.2 – Figure 7.2a -Table 7.2**).



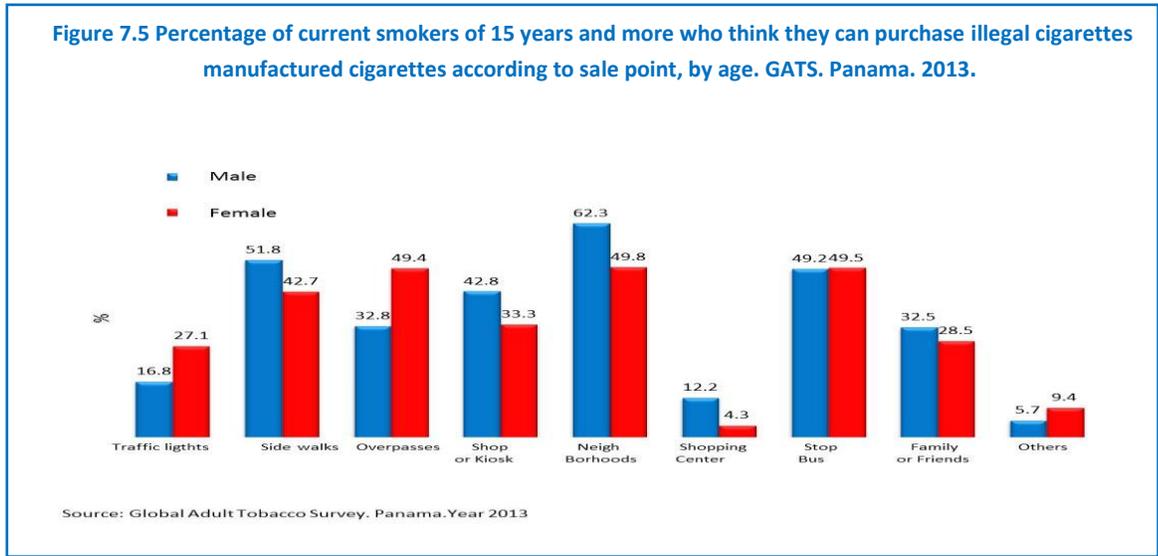
On average, smokers of manufactured cigarettes spent 72.6 U.S. dollars (\$72.60) per month on these products, with men spending 78.50 USD and women 52.20 USD. The data for the youngest group (15-19) was insufficient to report their monthly expenditures, which might indicate low sales to minors. Those aged 40-59 ranked first at 116.90 USD. By area, the urban sector ranked highest at 78.80 USD, which could be tied to a better socioeconomic profile and greater access to these products (**Figure 7.3 - Table 7.3**).



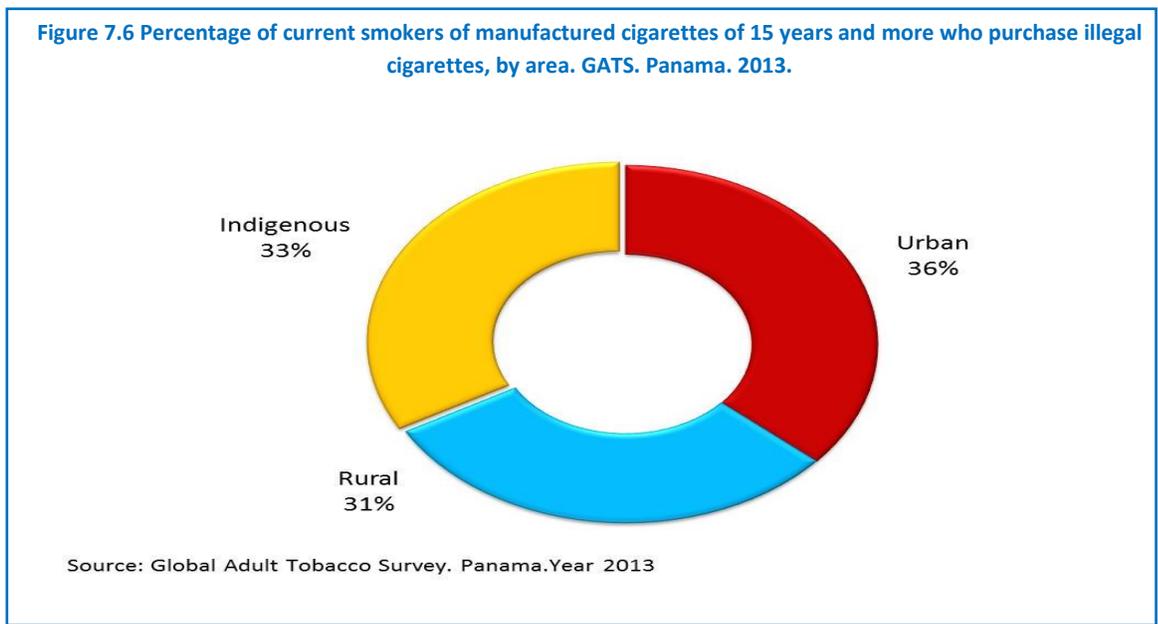
Current smokers, as a group, believed they could purchase manufactured cigarettes or single cigarettes in a variety of places; the highest prevalence was for stores or kiosks at 72.1% (62.7-79.9). Other sites with a high prevalence were the neighborhood with 62.5% (51.3-72.5), on the sidewalk at 55.7% (44.9-66.0), and bus stops with 50.5% (40.1-60.9), all indicating that informal sale is a method that has thoroughly penetrated the cigarette distribution channel (**Figure 7.4 - Table 7.4**).



Overall, current smokers of manufactured cigarettes believed that illegal (smuggled) cigarettes could be purchased in a variety of places. Estimates included 59.4% (48.0-70.0) in neighborhoods, 49.7% (37.3-62.2) on the sidewalk, and 49.2% (37.6-61.0) in bus stops. Thus, it seems that in Panama, illegal sales are widespread (**Figure 7.5 - Table 7.5**).



Just over one-third (36.3%) of current smokers of manufactured cigarettes bought illegal cigarettes (**Figure 7.6- Table 7.6**), indicating a substantial substitution of contraband cigarettes in a market that is narrowing because of the low prevalence of smoking.



Discussion

The average monthly expenditure (in USD) on the purchase of cigarettes among those who purchased any cigarettes at all was \$72.60[1], which at the time of the study represented a fifth (20.7%) of the country's minimum wage for a month. Based on the volume of purchases, this would put the average price of a pack of manufactured cigarettes at 6.60 USD.

In the GYTS, for young people aged 13-15[23] years the estimated cost of a pack of 20 cigarettes was 3.50 USD or more, which reflects the price of all the brands sold illegally in the country.

According to GATS Panama 2013, stores were the place where two out of three adult smokers last bought cigarettes, and they were also the place where smokers tended to have greater access to these products.

The results of the GYTS demonstrate a progressive decrease in the younger population who purchased cigarettes in stores of 51 percentage points from 2002 (75%) to 2012 (24%)[23]. With regard to the possibility of purchasing cigarettes by youth despite their being underage, reported figures fluctuate, but overall there has been a decrease.

With the reforms to the Tax Code and with enactment of Law 69 of November 6, 2009, Panama achieved an increase in the excise tax on cigarette consumption, which went from 50% to 100% of the consumer sales price declared by the national manufacturer or importer to the Ministry of Economy and Finance, with a minimum of \$1 per pack of cigarettes. Similarly, the excise tax on consumption of tobacco, cigars, and other tobacco-derived products, using the consumer sales price declared by the national manufacturer or importer to the Ministry of Economy and Finance as a base, went from \$0.50 to \$1.00[3], consistent with the increase of almost double for the cigarette pack of 20 units, limiting the access to such products on behalf of the population of both young and adult smokers.

In the Survey of Brands conducted in November 2012 by the Gorgas Memorial Institute, with funding from the International Development and Research Centre (IDRC), the prevalence of contraband cigarettes (among all cigarettes) was estimated at 28% [26]; the survey's authors also estimated that 30% of cigarettes circulated throughout the market with no payment of taxes, which is considered tax evasion. Based on GATS, 36%[1] of current smokers of manufactured cigarettes purchased cigarettes on the illegal market, and the overall prevalence of cigarette consumption was estimated at 5.8%[1].

These findings allow us to conclude the following:

1. At this time, Panama has one of the lowest prevalence of cigarette consumption in the world, and the lowest in the region of the Americas.

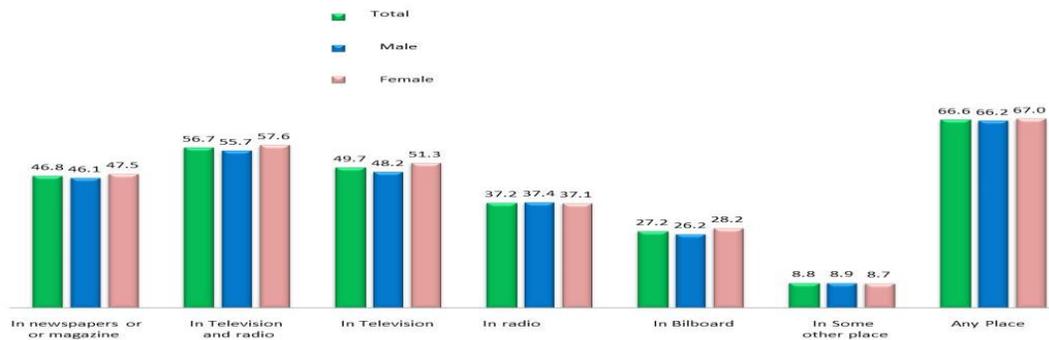
2. The market for cigarettes in this country is not expanding, and the increase in illegal sales is attributable to higher taxes on legal sales. Regardless, prices have increased for both legal and illegal products.
3. Illegal tobacco has the same commercialization channel as the legal product, and prices fluctuate because the two kinds of products are in the same price range.

CHAPTER 8

MEDIA

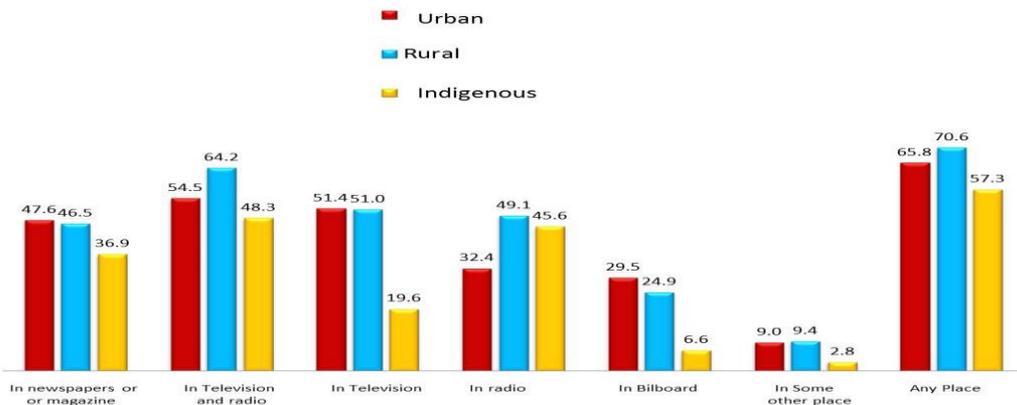
Advertising against tobacco products can be found in numerous places in Panama. Per GATS, such advertising was noticed in the last 30 days on television or radio by 56.7% (53.9- 59.3) of adults and in newspapers or magazines by 46.8% (44.2- 49.5) of adults. Essentially two-thirds, 66.6% (63.9-69.2), noticed such advertising in at least one place. Estimates for males and females were similar, as were estimates for smokers and nonsmokers (**Figure 8.1 - Figure 8.1a - Table 8.1**). Such results underscore the need to continue the use of campaigns against the consumption of tobacco products.

Figure 8.1 Percentage of adults of years and move who have noticed information against the consumptions of tobacco in the last 30 days according to media outlet, by sex.GATS.Panama 2013



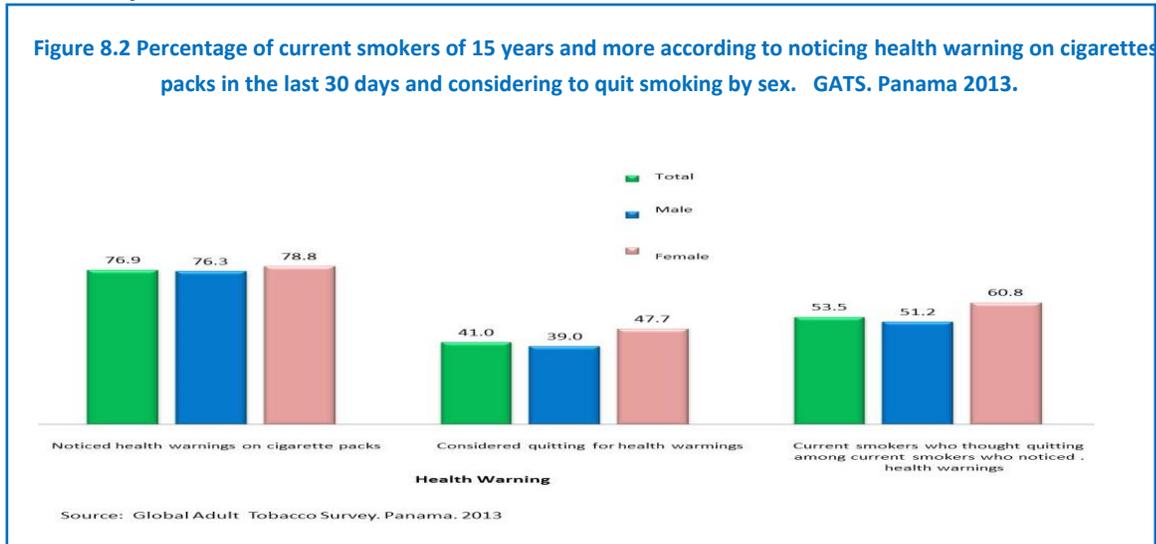
Source: Global Adult Tobacco Survey, Panama, Year 2013

Figure 8.1.a Percentage of adults of years and move who have noticed information against the Consumptions of tobacco in the last 30 days according to media outlet, by area. GATS.Panama 2013



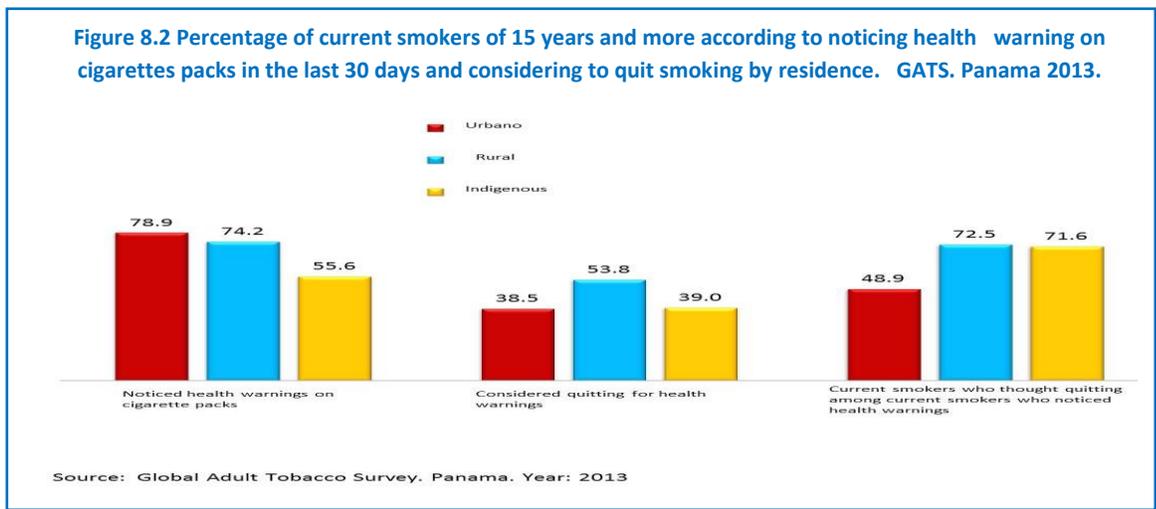
Source: Global Adult Tobacco Survey, Panama, Year 2013

Another mechanism for combating tobacco use is placing health warnings on cigarette packs. Among current smokers, the prevalence of noticing such warnings in the last 30 days was 76.9% (65.6, 85.3), and the prevalence for considering quitting because of the label was 41.0% (31.9-50.7). For men, these estimates were 76.3% (64.0-85.4) and 39.0% (30.2-48.5), respectively, while for women they were 78.8% (65.8-87.7) and 47.7% (31.6-64.3) (Figure 8.2 - Table 8.2).

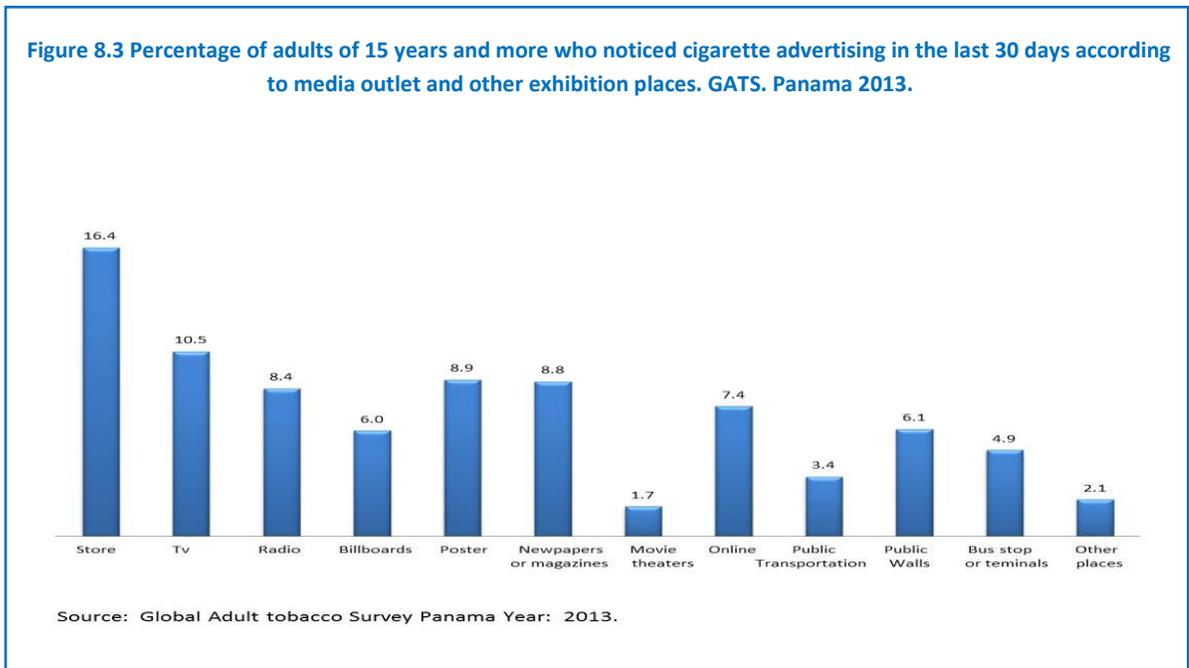


In the youngest age group (15-19), 58.6% (25.0- 85.8) saw the warnings, but only 19.5% (7.7-41.3) considered quitting because of the label. That this percentage was far below the estimate for all adults indicates that the impact of health warnings among young population is relatively low.

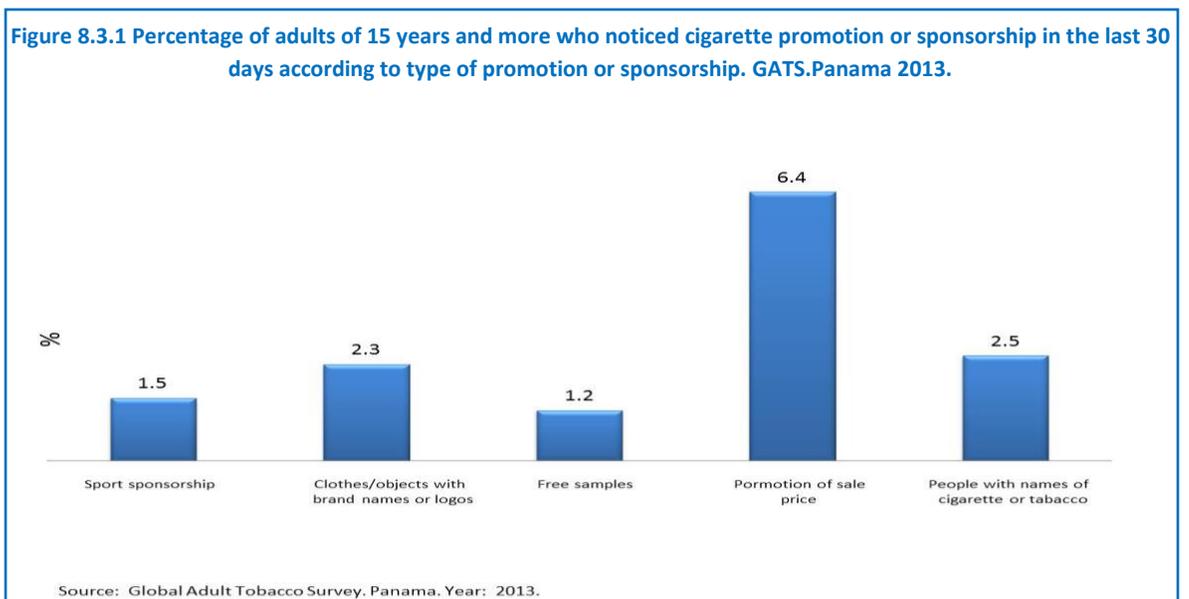
Although health warnings on cigarette packs were noticed slightly more often in urban than in rural areas, the percentage of those who considered quitting because of the warning label was substantially higher in rural areas. As for thinking about quitting after seeing health warnings, the estimate was about 7 out of 10 for rural and indigenous areas but only about 1 out of 2 for urban areas (Figure 8.2a).



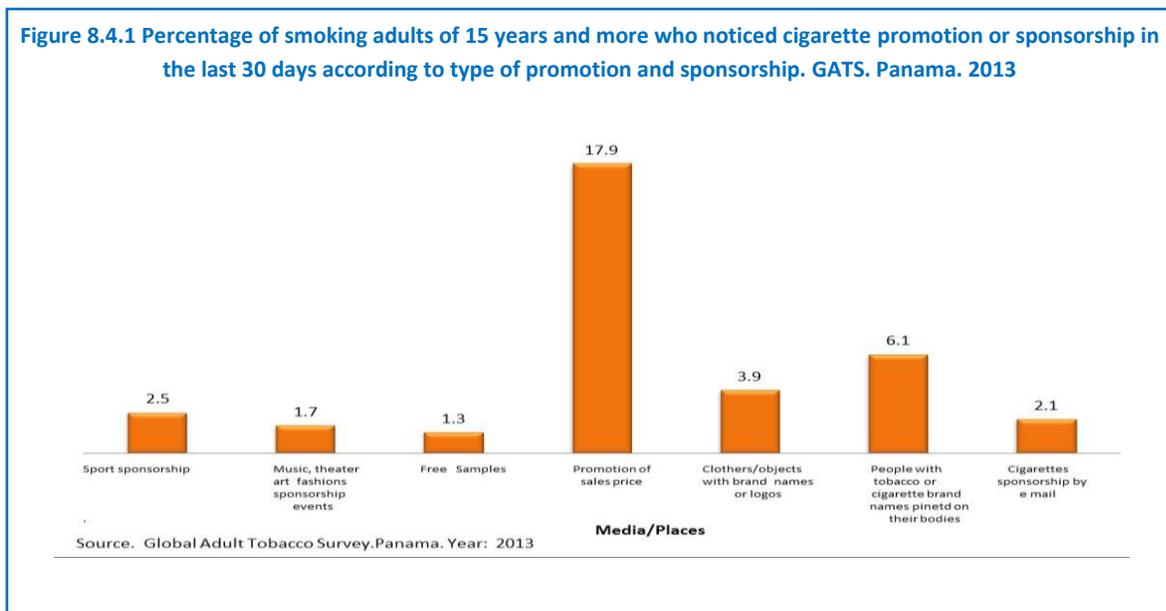
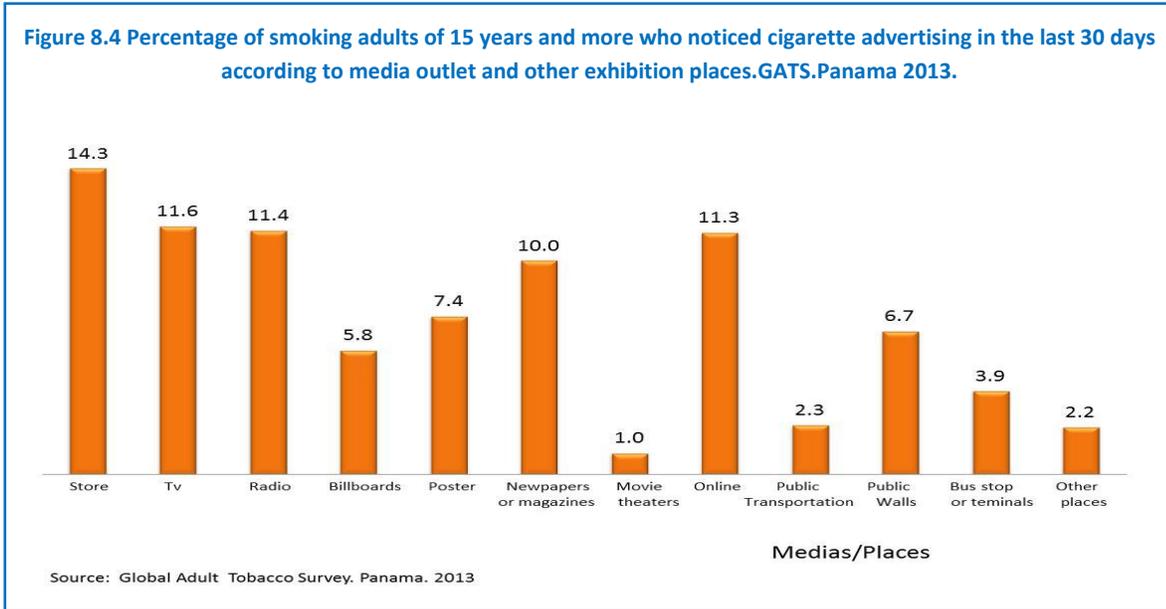
Every overall estimate for noticing cigarette advertising in the last 30 days by media outlet and other places of exhibition was below 20%, with stores having the highest prevalence at 16.4% (14.6-18.3), followed by television at 10.5% (9.4-11.6). These patterns were generally observed by age group and geographic area (**Figure 8.3 - Table 8.3**).



35.6% percent of adults had noticed the promotion or sponsorship of cigarettes in the last 30 days. Sales prices, at 6.4% (5.2-7.8), had the highest estimate, and body paint with brand elements and pieces of clothing with brand names or logos were next at 2.5% and 2.3%, respectively (**Figure 8.3.1 - Table 8.3**).

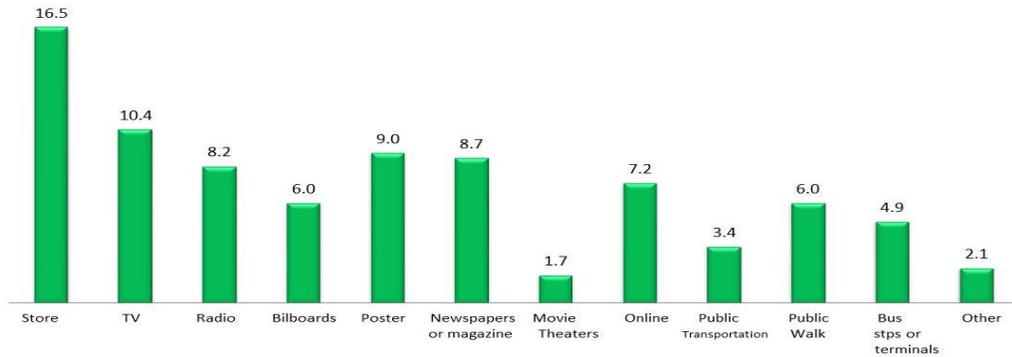


Regarding the prevalence of current smokers who had noticed cigarette advertising in the last 30 days in different places, the highest estimates were 14.3% (10.6, 19.1) for stores, 11.6% (7.4, 17.6) for television, 11.4% (7.5, 17.0) for the radio, and 11.3% (7.2, 17.4) for the Internet. Regarding promotion, the highest prevalence was found for sales prices, at 17.9% (11.8, 26.3) (Figure 8.4 – Figure 8.4.1 - Table 8.4).



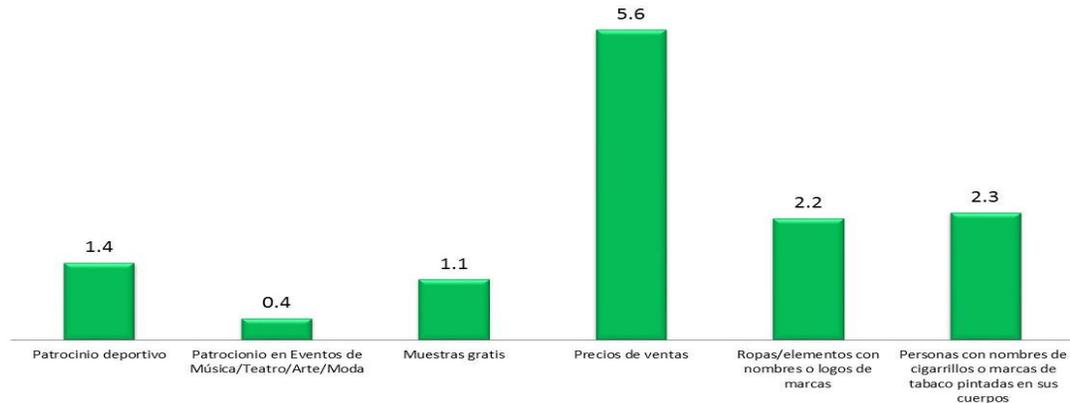
Concerning nonsmokers, the estimates by place for noticing cigarette advertising in the last 30 days included 16.5% (14.7, 18.5) for stores and 10.4% (9.3, 11.6) for television. Patterns by age group were similar. Overall, just over one-third (35.0% (32.3, 37.8)) of nonsmokers noticed promotion or sponsorship somewhere (Figure 8.5 – Figure 8.5.1 - Table 8.5).

Figure 8.5 Percentage of adults, nonsmokers, of 15 years and more who noticed cigarette advertising in the last 30 day according to media outlet and other places of exhibition. GATS. Panama 2013.



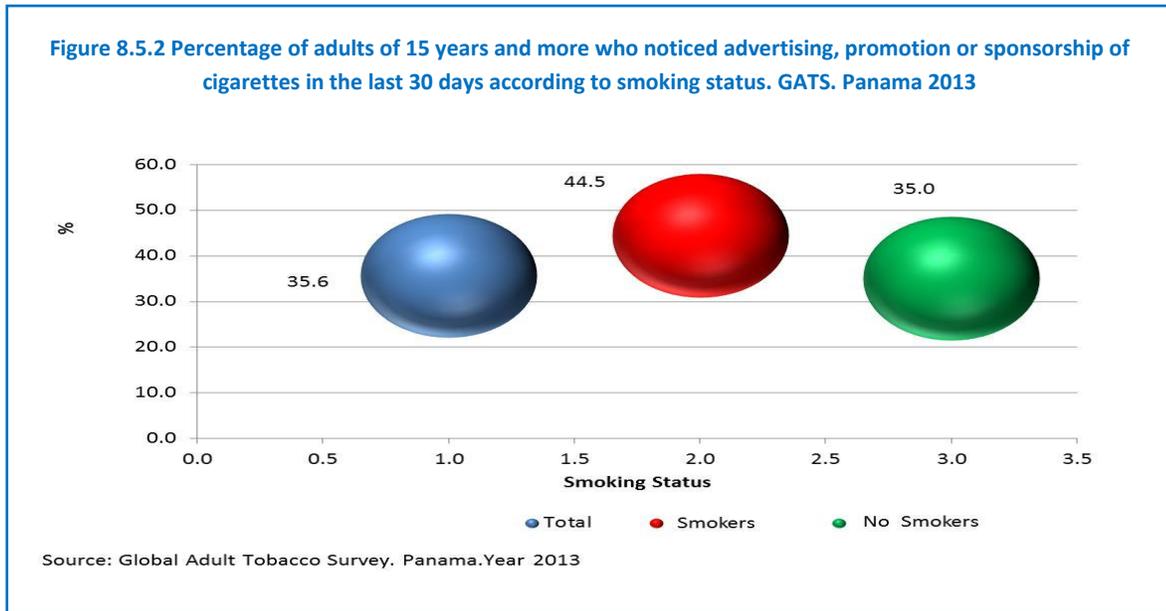
Source: Global Adult Tobacco Survey. Panama. Year: 2013

Figure 8.5.1 Percentage of adults, nonsmokers of 15 years and more, who noticed promotion or sponsorship of cigarettes in the last 30 days according to type of promotion or sponsorship. GATS.Panama. 2013.

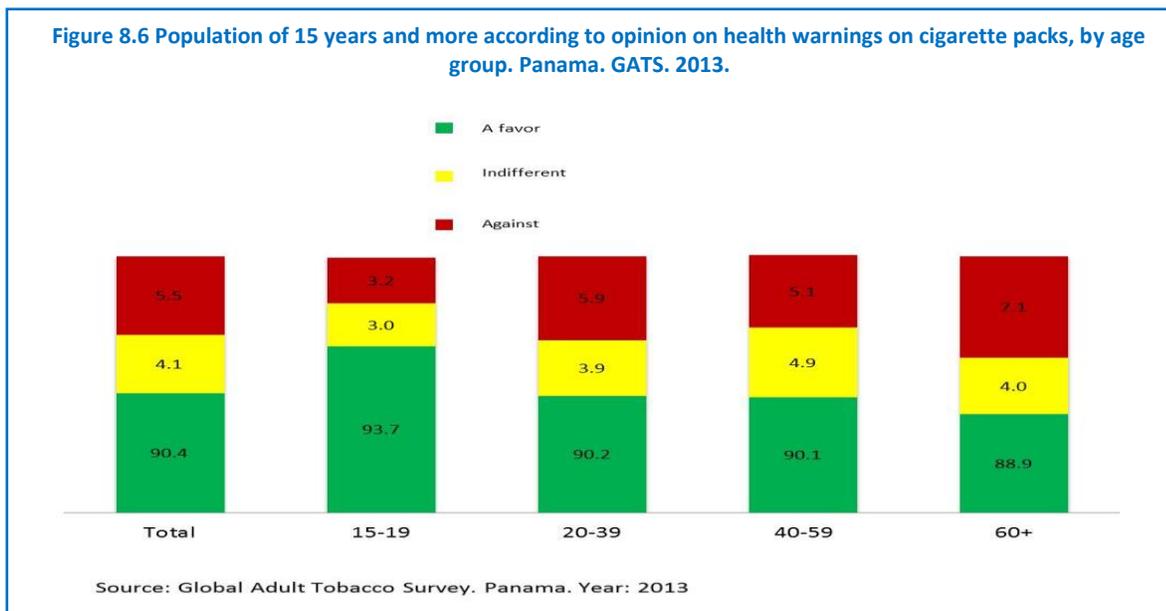


Source: Global Adult Tobacco Survey. Panama. Year: 2013

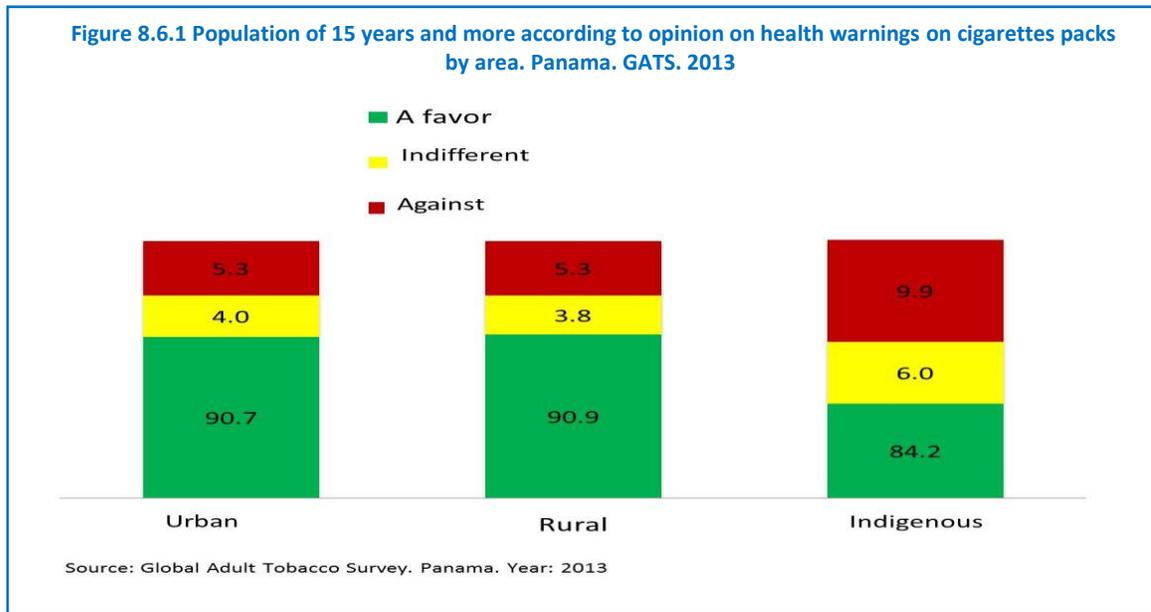
Just over one-third (35.6%) of adults had noticed some promotion or sponsorship of cigarettes in the last 30 days, but this percentage was higher for smokers (44.5%) (Figure 8.5.2 – Table 8.5).



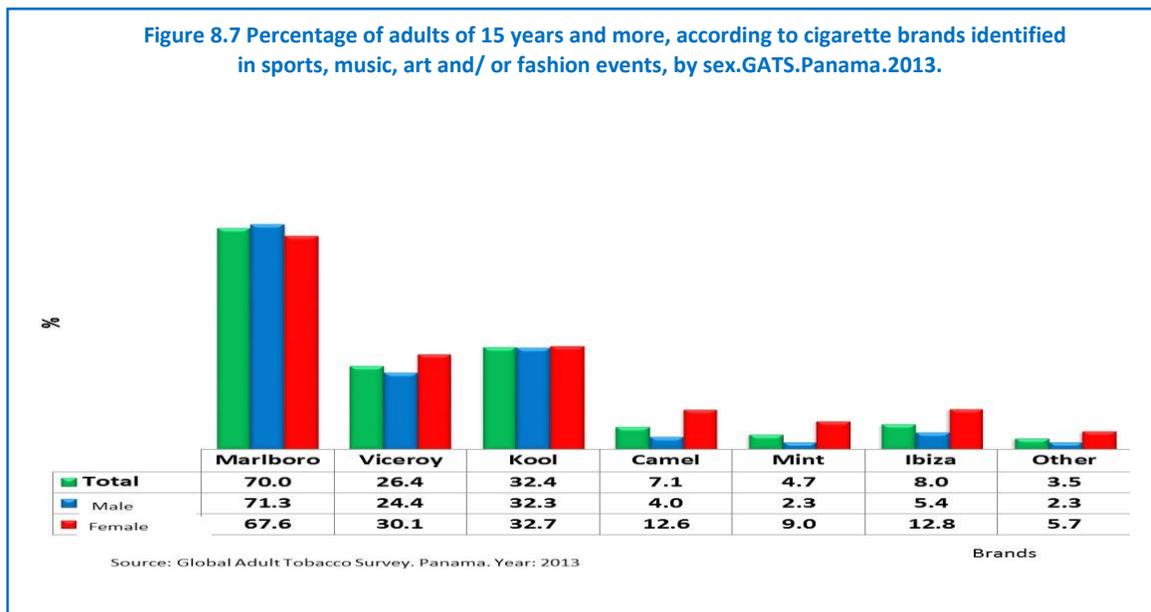
Regarding opinions on health warnings, 90.4% (88.9-91.7) of adults were in favor of them, with estimates of 89.6% (87.6-91.3) for men and 91.3% (89.6-92.7) for women. The youngest age group (15 to 19) had the highest positive response, 93.7% (91.0-95.6). Although not significantly different from the percentage for those 20-39 or 40-59, this result may indicate greater awareness among young people about the dangers of tobacco-derived products (**Figure 8.6 - Table 8.6**).



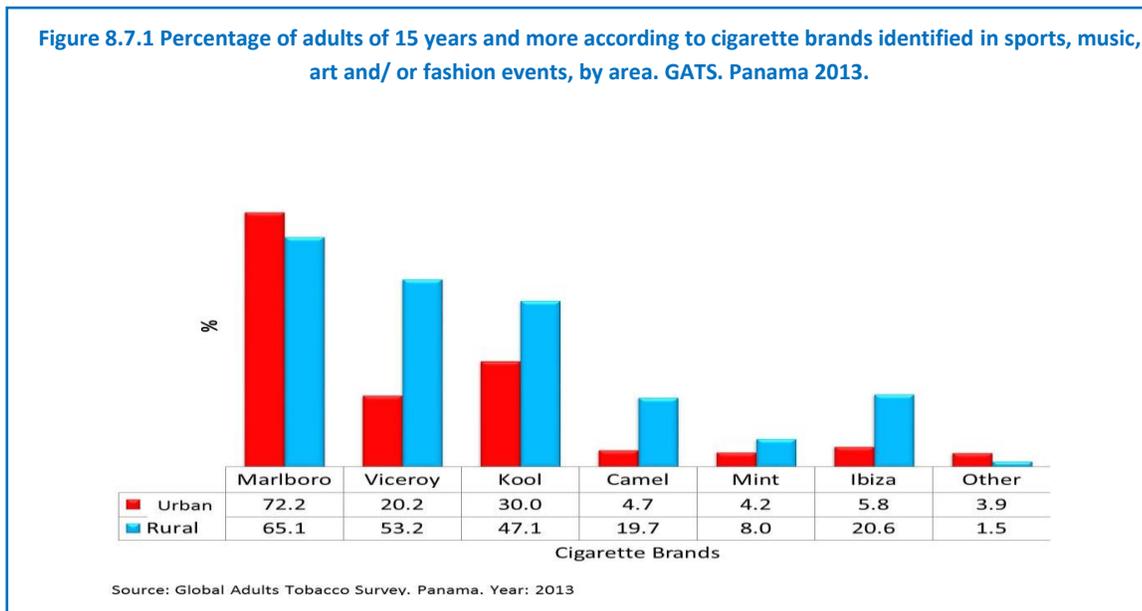
The rural and urban areas were more likely than the indigenous area to be in favor of health warnings, while the indigenous population had the highest levels of opposition (9.9%) and indifference (6.0%) concerning these warnings (**Figure 8.6.1**).



Regarding brands associated with sports, music, art, and/or fashion events, Marlboro was observed at one or more of these events by 70.0% (58.5-79.5) of adults, Viceroy by 26.4% (17.3-38.1), and Kool by 32.4% (21.9-45.1). These figures are not surprising, as these are the three most popular brands in the Panamanian market. Notably, some brands that are illegal in Panama, such as Camel (7.1% (3.4-14.2)) and Ibiza (8.0% (3.7-16.6)), were also associated with these types of events, indicating that those who market these brands also conduct sponsorship activities (**Figure 8.7 - Table 8.7**).



Judging from **Figure 8.7.1**, in the sponsorship of sports, music, art, and/or fashion events, Marlboro places a heavy emphasis on both urban and rural areas, while Viceroy, Kool, Camel, Mint, and Ibiza seem to focus more on rural areas. Interestingly, the last three brands cannot be sold legally in Panama, as is the case for those brands included under “Other.”



Discussion

In 2005, Panama made its first effort to tighten restrictions on the advertising, promotion, and sponsorship of tobacco products, and through Executive Decree No. 17[27], "which dictates measures for the prevention and reduction of use and exposure to smoke from tobacco products, due to its negative effects on the health of the population," it has established the following tobacco control measures: All advertising must include a health warning that smoking is dangerous to health or causes cancer; this executive decree also bans advertising on radio, television, press, and billboards, but it allows advertising inside sale points (must include the same health warning as cigarette packs), magazines, movies, and publications intended for adults while also allowing the promotion and sponsorship of events directed only at adults. With the enactment of Law 13 of 2008, a total ban on advertising, promotion, and sponsorship of tobacco and its products was achieved, with this ban including indirect and subliminal messages as well as direct appeals. Also banned are cross-border advertising, promotion, and sponsorship of tobacco and its products that are offered in Panama.

GATS Panama 2013 found that 1 out of 3 adults observed cigarette advertising[1], promotion, or sponsorship. Actors and actresses smoking in movies and the Internet are the means where regulation is violated the most; cross-border advertising, promotion, and sponsorship are highly complex situations for imposing control.

As for young people, from 2002-2008 to 2012, the GYTS [22, 23, 28] indicated a progressive decrease in the exposure of advertising for tobacco products, but in 2012 the situation was still far from satisfactory. The GYTS found that substantial percentages of youth aged 13-15 years had observed actors and actresses smoking (60.0%), and somewhat smaller percentages had seen tobacco advertising online (26.8%) or in magazines and newspapers (23.2%). Other findings here were 17.5% for billboards; 12.4% for sports events, fairs, and other community events; and 8.4% for concerts.

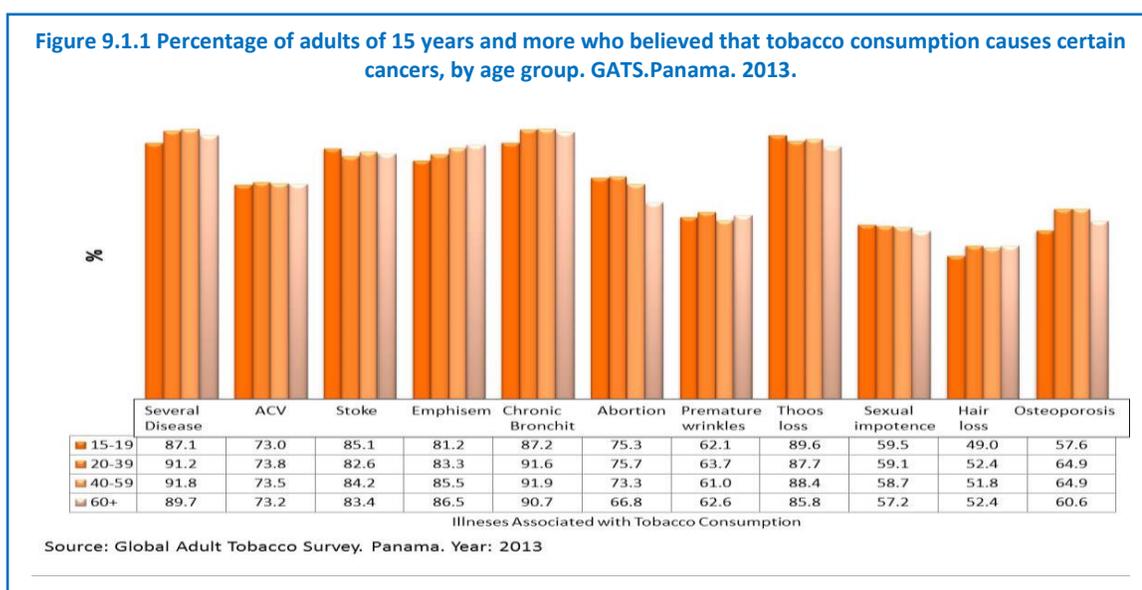
We can conclude that it is necessary to study the issue further in order to identify more effective strategies for control and surveillance.

CHAPTER 9

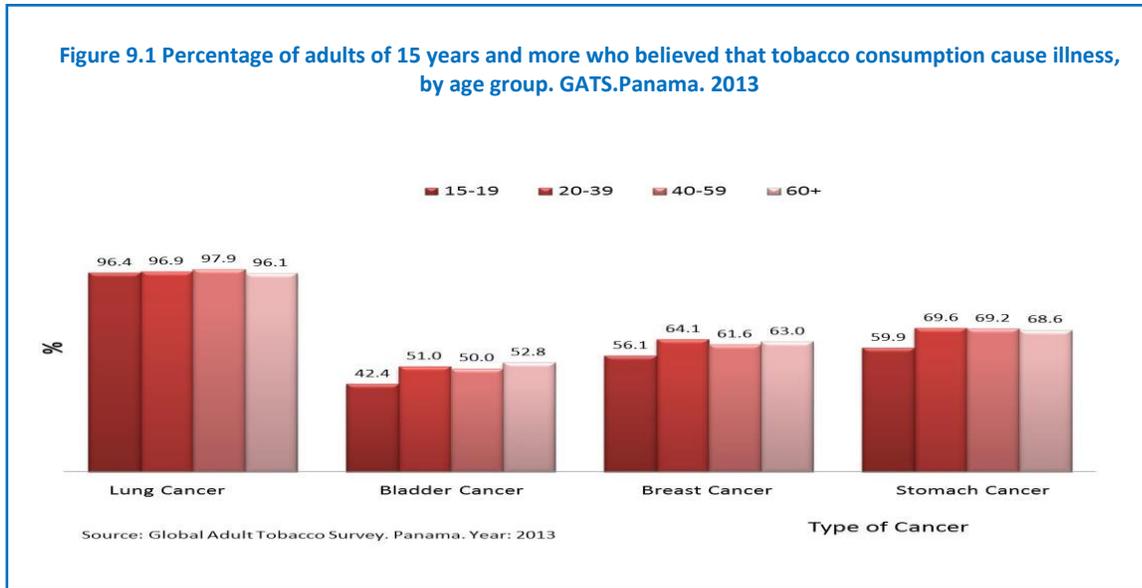
KNOWLEDGE, ATTITUDES, AND PERCEPTIONS

One would expect most adults to know that using tobacco can be very harmful, and results from the GATS support that assumption. The great majority of adults, 90.6% (89.2-91.9), believed that tobacco use causes serious illnesses, 89.4% (87.5-91.0) of men and 91.9% (90.3-93.3) of women. Similarly, 87.1% (81.7-91.0) of young people aged 15-19 years believed this, and a very high percentage of smokers, 93.1% (88.3- 96.0), agreed.

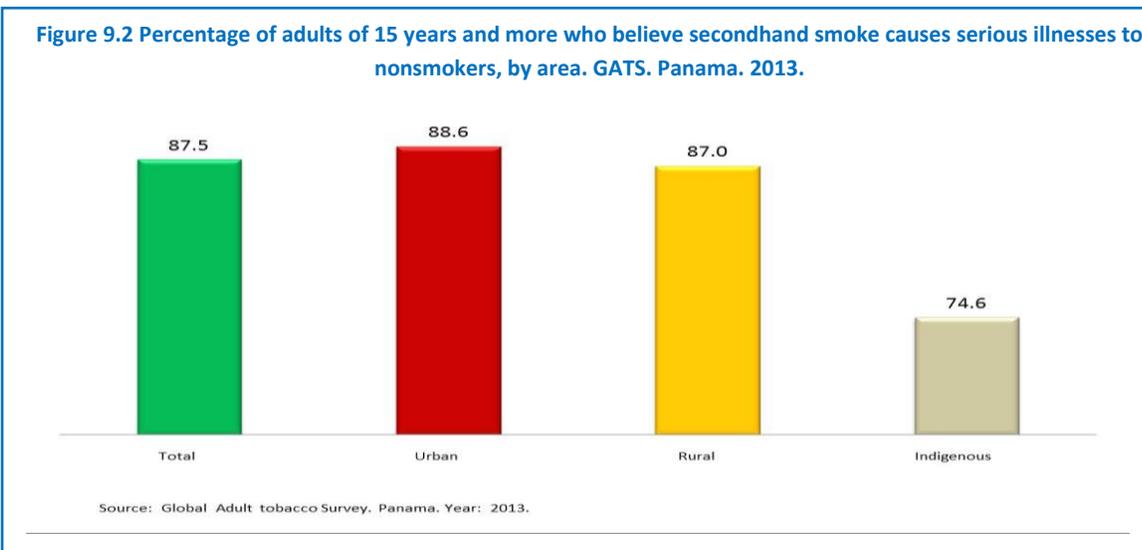
For tooth loss, heart attack, and impotence, the highest percentages of agreement that tobacco use could cause the problem was found for youth aged 15-19, although differences between youth and other age groups were not large. The oldest group (60+), in contrast, had the highest percentages for recognizing emphysema and bladder cancer, although again the differences by age group were not large. **(Figure 9.1 – Figure 9.1.1- Table 9.1).**



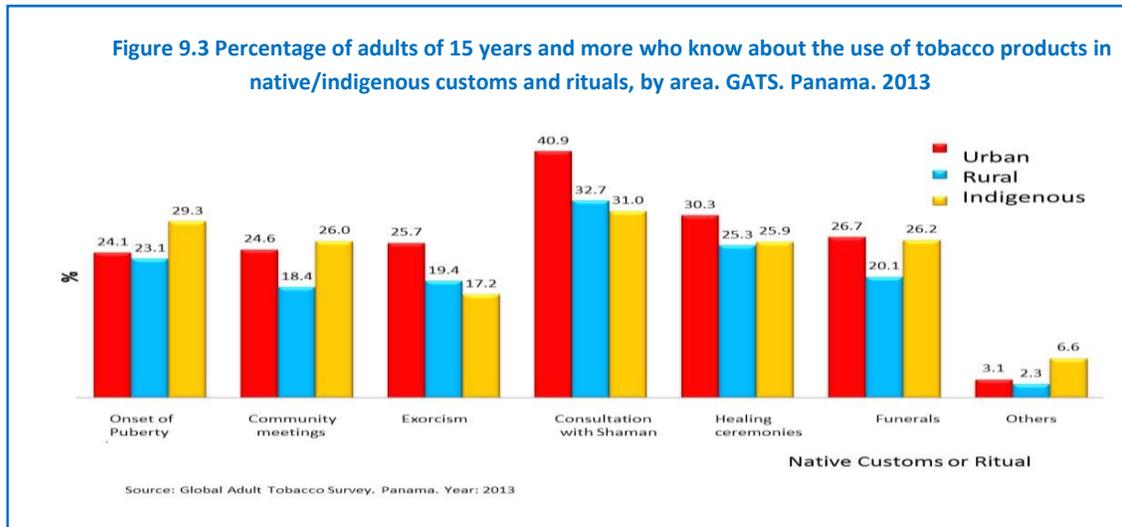
For the four types of cancer that were researched (lung, bladder, breast. and stomach) on the question of perceived associations with the consumption of tobacco products, lung cancer had by far the highest estimate at 97.0% (96.5-97.4), with stomach cancer a distant second at 68.1% (65.6-70.6).



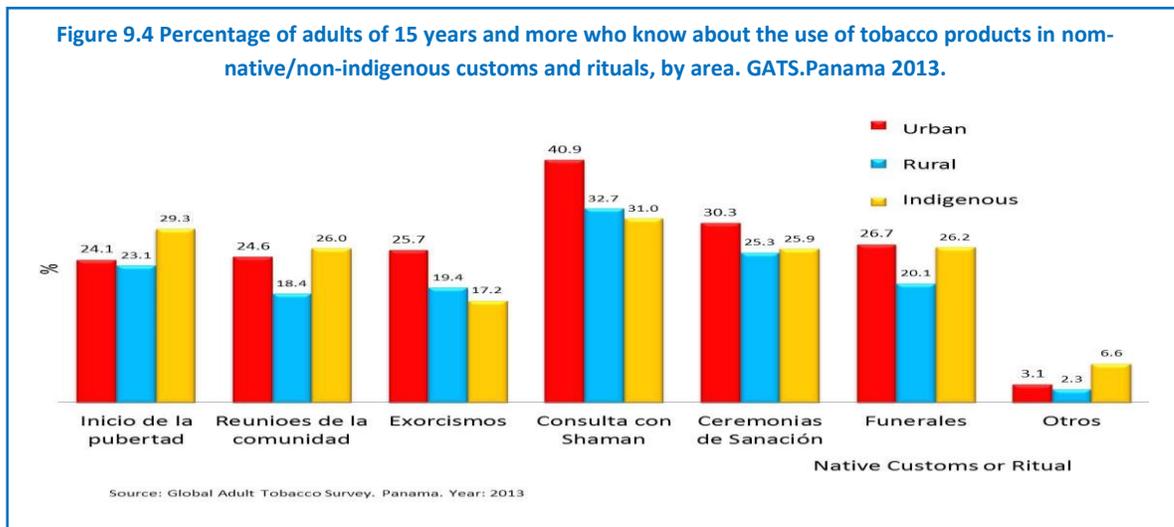
Regarding the dangers of exposure to secondhand smoke for nonsmokers, 87.5% (86.1- 88.8) of adults believed that such exposure can cause serious illnesses in that sector of the population... More important, 92.7% (89.0-95.3) of current smokers agreed with this idea. By area, the lowest level of belief that secondhand smoke causes serious illnesses among nonsmokers were found in the indigenous sector, where only 3 out of 4 people agreed (**Figure 9.2 - Table 9.2**).



Regarding knowledge of the use of tobacco products for Indian rituals, awareness that they are used in consultations with shamans had the highest prevalence at 38.4% (35.4-41.4). By geographic stratum, the urban zone had the highest prevalence of knowing about tobacco use in consultations with a shaman at 40.9% (37.3-44.6), suggesting that such usage may be more common there (**Figure 9.3 - Table 9.3**).



Finally, with regard to knowing about the use of tobacco products for non-indigenous rituals, the highest prevalence of such knowledge was found for festivities for patron saints, 68.0% (65.6, 70.4); traditional dances (folk dances), at 66.7% (64.2-69.1); and local fairs, at 61.5% (58.8- 64.2). Similar findings were obtained by age group and geographic area (**Figure 9.4 - Table 9.4**).



Discussion

This study has revealed that a high percentage of the population believes that in general tobacco consumption causes serious illnesses; 5 out of 6 believed this for heart attacks and 97% for lung cancer; the estimate for causing serious disease in nonsmokers from exposure to smoke was 7 out of 8 (87.5%). Among serious illnesses other than cancer, cerebrovascular illness ranked at the bottom in terms of a belief in its connection to smoking.

According to the GYTS, the percentage of young people who acknowledge that secondhand smoke is harmful to health is increasing. In 2012, for example, 91.7% of youth believed this, up from 81.0%^[28] in 2002 and 87.6% in 2008. The latter figure is essentially the same as the estimate of 87.5%^[1] in Panama GATS 2013 for the belief that secondhand tobacco smoke causes serious illnesses to nonsmokers.

According to the GATS, essentially two-thirds (66.6%) of the adult population had noticed information against cigarettes in any place, and according to the GYTS, 53.8% ^[23]of youth aged 13-15 years had noticed this information in media and 35% in sports or other community events.

The 2002 GYTS, which investigated whether youth had seen health warnings or pictograms located on the packaging and labeling of cigarettes, found that the number of young people noticing them was increasing, which suggests that this policy is appropriate for educating people about the dangers of smoking and in stimulating cessation. In addition, in the 2002 GYTS, 4 out of 10^[23, 28] current smokers had thought about quitting. In the case of adults, the 2013 GATS determined that essentially 1 out of 2 current smokers (53.5%)^[1] who saw health warnings thought about quitting.

CHAPTER 10

Conclusions and Recommendations

Summary of the evidence of greatest relevance to decision makers

1. In the Republic of Panama, the great majority (93.6%)[1] of adults (aged 15 years or more) do not use tobacco products. This excellent record suggests there is broad support for anti-tobacco measures in the population, and thus cost-effective measures to protect the health of this population should continue to be applied.
2. Currently, Panamanian adults who use tobacco are most likely to make use of smoked tobacco products, which underscores the need for permanent, comprehensive surveillance of the tobacco industry.
3. Although there are some significant differences between the urban, rural, and indigenous domains when it comes to using tobacco products, the use of such products is a generalized practice that requires the application of interventions throughout the nation's territory, to include overseeing compliance with Law 13 of 2008 and other provisions for regulating tobacco in Panama.
4. In Panama, men are more likely than women to consume smoked and smokeless tobacco products and interventions must be gender specific.
5. Nine out of 10 adults are in favor of health warnings on cigarette packs.
6. Six out of 10 adults have recently (last 30 days) seen information against tobacco on television or radio.
7. Two out of 10 adults have recently seen marketing for cigarettes at the point of sale.
8. Three out of 10 adults have recently seen promotions or sponsorship for cigarettes or sponsorship at sport events.
9. Radio and television are media by which messages against cigarettes reach a relatively greater proportion of the population, even though only a low percentage of the indigenous population has access to television.
10. Advertising billboards are not an effective means of communication for transmitting messages against cigarettes in rural areas, especially those with indigenous populations.
11. Almost all (an estimated 98%) of adult current smokers have not recently received cigarette promotions in the mail on behalf of the tobacco industry, leading us to conclude that there is good compliance in this country with Article 13 of Law 13 of 2008 [1, 3]
12. Three-fourths of Panamanian adults have recently seen actors smoking on television or in movie theatres. This finding is important for establishing control mechanisms for these types of indirect advertisements, as they make people more accepting of cigarettes and other tobacco products and affect the enforcement of the total ban on advertising, promotion, and sponsorship of tobacco products.

Conclusions

1. GATS, which is the global standard for monitoring the consumption of tobacco in adults (both smoked and smokeless tobacco) in a systematic way as well as for assessing the effects of the main indicators of tobacco control, has provided Panama with a baseline for the monitoring and surveillance of the used tobacco in this country and to compare ourselves on a global scale.
2. The results of GATS Panama 2013 increase Panama's ability at the national level, especially for the Ministry of Health, to take responsibility for implementing the Framework Convention on Tobacco Control of the WHO, for designing, implementing,

- and evaluating tobacco control programs, and for ensuring compliance with obligations imposed by the Framework Convention for the protection of public health.
3. The prevalence of tobacco use in the Panamanian population of adults (15 years or older) is an estimated 6.4% and is higher in men than in women. Most of the consumption is in the form of cigarettes, which represent 95% of tobacco products used.
 4. The highest prevalence of tobacco consumption by area is in the indigenous and urban sectors, with estimates of 7.2% and 7.1%, respectively. By age, the 20-39 (7.2%) and 40-59 (7.1%) groups have the highest prevalence.
 5. Of Panamanian adults, about 9 out of 10 are protected from exposure to secondhand smoke in indoor environments, which include indoor workplaces (5.6%) and home (4%). This makes it necessary to strengthen surveillance and control measures in open and semi-open areas so that they can become smoke-free spaces.
 6. The protection level from secondhand smoke reflected in this study provides us with evidence of the positive impact of education and promotional actions with regard to exposure at home.
 7. This report has found that, for trying to quit, drug therapy is used significantly less than relying on self-direction, especially by the 20-39 and 60+ age groups.
 8. Health warnings stimulated interest in quitting smoking for essentially 1 out of 2 current smokers who noticed these warnings, and they were revealed as an effective measure to inform the population about the health repercussions caused by tobacco products, with three-fourths of current adult smokers observing the warnings on cigarette labels.
 9. Bans on the advertising, promotion, and sponsorship of tobacco products reflected a compliance of 65% with applicable law, but still there is cross-border advertising, including actors smoking in movies, advertising online, and advertising inside stores, according to what has been reported in the present study.
 10. On average, the Panamanian smoker spends the equivalent of 72.6 U.S. dollars a month purchasing tobacco products obtained through the legal market; the survey found that 36.3% of current smokers of manufactured cigarettes had purchased illegal cigarettes, a figure that casts great doubt on the estimates of the tobacco industry that contraband accounts for 60% of the trade in this country.
 11. The national government of Panama has identified both strengths and weaknesses in the country in the implementation process of the WHO's Framework Convention on Tobacco Control and in national legislation that establishes national standards. Accordingly, it is essential to continue with the implementation of these instruments in order to keep track of characteristics and changes to keep track of changes over time in the use of tobacco in Panama.
 12. Today, we have a valuable reservoir of information for decision making, useful for the next 5 years, which will allow a more effective focusing of surveillance and control, starting from consumption characteristics and the building of consumer profiles according to sociocultural characteristics and regional environment.
 13. It is necessary to integrate new interventions oriented toward decreasing current prevalence of consumption of tobacco products, which will lead us to the "end game" – in terms of smoking – which we can define as a prevalence that will not surpass 5%

and greater success in the fight against the illicit trade of tobacco-derived products in Panama.

Recommendations

- **Continue the implementation of the FCTC, its protocols, and guidelines, with the objective of applying effective policies to protect the health and life of the Panamanian population and maintain our country's leadership at the global level.**
 - Increase compliance with mandates for smoke-free environments throughout the country in accordance with Article 5 of Law 13 [3]
 - Design strong health warnings and pictograms carrying the message that tobacco products are addicting, toxic, and harmful to the health of their users.
 - Increase the size of health warnings and pictograms, and use them as a strategy to increase awareness among smokers and stimulate cessation of consumption.
 - Apply sanctions according to ability to comply and the requisite need for gradualness to every entity that violates what is established in the national legislation for tobacco control.
 - Do not engage in negotiations with the tobacco industry, allow no concessions to the industry, and keep strict surveillance on its operations.
 - Regulate pending issues such as dissemination of contents, additives, and emissions, among others.
 - Ratify the protocol for eliminating the illicit trade of tobacco products.
- **Strengthen actions on health promotion for a life free of tobacco:**
 - Provide information to expand knowledge about the damage done to health by tobacco use and strengthen the population's will to combat this problem.
 - Conduct interventions directed toward youth, men, and women that address characteristics and behaviors according to population group and gender.
 - Increase the use of advertising and promotion against tobacco, including the provision of information regarding the risks and damages caused by tobacco products.
 - Increase and deepen knowledge at the national level about the bans included in Law 13 of 2008.
 - Promote smoke-free homes, a fundamental strategy to continue building awareness.
 - Strengthen the participation of nongovernmental organizations.
- **Expand coverage of cessation clinics and strengthen their interventions:**
 - Increase early detection of the population that consumes tobacco products in an effort to prevent them from becoming daily users.
 - Stimulate the cessation of consumption through specific strategies geared to each age group.
 - Become more cost-effective regarding cessation clinics, and improve their effectiveness.

- Increase the promotion of cessation clinics throughout the country and improve the education of smokers and users of other tobacco products through radio and television, more effective media for communicating to the population aged 25-64 years, and other mechanisms for youth aged 15-24 years as well as the elderly.
 - Reinforce efforts to educate male tobacco users in work spaces that have a proportionately larger male workforce.
- **Increase bans in the law of the Republic on commercializing electronic cigarettes.**
 - **Strengthen the surveillance and control of advertising, promotion, and sponsorship of tobacco products, especially in movies and on the Internet through the establishment of more efficient control measures.**

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APPENDIX A

GATS Tables

Table 3.1: Number and percent of households and persons interviewed and response rates by residence (unweighted) – GATS Panama 2013.								
	Residence						Total	
	Urban		Rural		Indigenous			
	n	%	n	%	n	%	n	%
Selected household								
Completed (HC)	6,583	87.1	6,054	89.3	4,929	93.7	17,566	89.6
Completed – No one eligible (HCNE)	53	0.7	99	1.5	23	0.4	175	0.9
Incomplete (HINC)	9	0.1	1	0.0	1	0.0	11	0.1
No screening respondent (HNS)	25	0.3	16	0.2	3	0.1	44	0.2
Nobody home (HNNH)	77	1.0	234	3.5	74	1.4	385	2.0
Refused (HR)	161	2.1	95	1.4	23	0.4	279	1.4
Unoccupied (HUO)	0	0.0	1	0.0	0	0.0	1	0.0
Address not a dwelling (HAND)	64	0.8	123	1.8	8	0.2	195	1.0
Other ¹ (HO)	590	7.8	155	2.3	202	3.8	947	4.8
Total Households Selected	7,562	100.0	6,778	100.0	5,263	100.0	19,603	100.0
Household Response Rate (HRR) (%) ²	88.4%		92.4%		94.2%		91.3%	
Selected person								
Completed (PC)	6,252	95.0	5,901	97.5	4,809	97.6	16,962	96.6
Incomplete (PINC)	11	0.2	4	0.1	1	0.0	16	0.1
Not eligible (PNE)	12	0.2	15	0.2	18	0.4	45	0.3
Not at home (PNH)	61	0.9	24	0.4	6	0.1	91	0.5
Refused (PR)	154	2.3	66	1.1	24	0.5	244	1.4
Incapacitated (PI)	55	0.8	31	0.2	63	1.3	149	0.8
Other ¹ (PO)	38	0.6	13	0.2	8	0.2	59	0.3
Total Number of Sampled Persons	6,583	100.0	6,054	100.0	4,929	100.0	17,566	100.0
Person-level Response Rate (PRR) (%) ³	95.1%		97.7%		97.9%		96.8%	
Total Response Rate (TRR) (%) ⁴	84.1%		90.2%		92.3%		88.4%	
¹ Other includes any other result not listed.			³ The Person-level Response Rate (PRR) is					
			$\frac{PC * 100}{PC + PINC + PNH + PR + PI + PO}$					
² The Household Response Rate (HRR) is calculated as								
$\frac{HC * 100}{HC + HINC + HNS + HNNH + HR + HO}$								
					⁴ The Total Response Rate (TRR) is calculated as:			
					$(HRR \times PRR) / 100$			
Notes:								
– An incomplete household interview (i.e., roster could not be finished) was considered a nonrespondent to the								
– 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.								

Table 3.2: Distribution of adults ≥ 15 years old by selected demographic characteristics – GATS Panama, 2013.				
Demographic Characteristics	Weighted	Unweighted Number of Adults		
	Percentage	Number of Adults		
	(95% CI ¹)	(in thousands)		
Overall	100		2691.6	16,962
<i>Gender</i>				
Male	49.9	(48.0, 51.8)	1343.7	7,679
Female	50.1	(48.2, 52.0)	1347.9	9,283
<i>Age (years)</i>				
15-19	12.6	(10.6, 15.0)	339.9	1,554
20-39	42.4	(40.5, 44.4)	1141.1	6,693
40-59	30.2	(28.5, 31.8)	811.7	5,201
60+	14.8	(13.7, 16.0)	398.8	3,514
<i>Residence</i>				
Urban	69.9	(66.7, 73.0)	1882.4	6,252
Rural	25.1	(22.2, 28.3)	676.5	5,901
Indigenous	4.9	(4.4, 5.5)	132.6	4,809
<i>Education Level^{2,3}</i>				
No formal education	14.6	(13.2, 16.1)	298.9	4,329
Primary	33.0	(30.8, 35.3)	676.8	5,307
Secondary	31.7	(29.7, 33.7)	648.7	2,771
High education	20.7	(18.1, 23.7)	425.1	1,381
<i>Work Status</i>				
Government employee	9.3	(8.3, 10.5)	250.4	1,158
Non-government employee	25.1	(23.2, 27.1)	672.2	2,290
Self-employed	18.3	(16.9, 19.7)	488.9	3,821
Student	11.6	(9.6, 14.0)	311.1	1,154
Homemaker	20.9	(19.4, 22.5)	560.8	5,890
Retired	7.4	(6.4, 8.5)	197.9	1,058
Unemployed, able to work	5.4	(4.6, 6.3)	145.1	960
Unemployed, unable to work	1.9	(1.6, 2.3)	52.2	517
Note: The following observations were missing: 31 for education and 114 for work status.				
¹ 95 % Confidence Interval				
² No formal education includes "No formal schooling", "Special Education", and "Less than primary school completed"; Primary includes "Primary school completed" and "Less than secondary school completed"; Secondary includes "Secondary school completed", "Vocational", and "Superior, no university"; High education includes "College/University completed" and "Post graduate degree completed".				
³ Education level is reported only among respondents 25+ years old.				

Table 4.1: Percentage of adults ≥15 years old, by detailed smoking status and gender – GATS Panama, 2013.						
Smoking Status	Overall		Male		Female	
	Percentage (95% CI)					
Current tobacco smoker	6.1	(4.9, 7.5)	9.4	(7.4, 11.7)	2.8	(2.0, 3.8)
Daily smoker	2.8	(2.1, 3.8)	4.4	(3.2, 6.0)	1.2	(0.8, 1.9)
Occasional smoker	3.3	(2.6, 4.1)	5.0	(3.9, 6.4)	1.6	(1.1, 2.3)
Occasional smoker, formerly daily	1.7	(1.2, 2.3)	2.6	(1.8, 3.8)	0.8	(0.4, 1.3)
Occasional smoker, never daily	1.6	(1.2, 2.0)	2.3	(1.8, 3.1)	0.8	(0.5, 1.4)
Non-smoker	93.9	(92.5, 95.1)	90.6	(88.3, 92.6)	97.2	(96.2, 98.0)
Former daily smoker	2.6	(2.1, 3.2)	3.1	(2.4, 3.9)	2.2	(1.6, 3.0)
Never daily smoker	91.3	(89.8, 92.6)	87.6	(85.1, 89.7)	95.0	(93.8, 96.0)
Former occasional smoker	4.1	(3.4, 4.8)	5.7	(4.7, 6.9)	2.5	(1.8, 3.4)
Never smoker	87.2	(85.6, 88.7)	81.9	(79.3, 84.2)	92.5	(91.1, 93.8)
Smoked at least 100 cigarettes in lifetime	11.6	(10.3, 13.1)	16.9	(14.7, 19.3)	6.4	(5.2, 7.8)
Note: Current use includes both daily and occasional (less than daily) use.						

Table 4.2: Number of adults ≥15 years old, by detailed smoking status and gender – GATS Panama, 2013.			
Smoking Status	Overall	Male	Female
	Number in thousands		
Current tobacco smoker	163.3	125.7	37.7
Daily smoker	75.4	58.7	16.7
Occasional smoker	87.9	66.9	21.0
Occasional smoker, formerly daily	45.7	35.5	10.2
Occasional smoker, never daily	42.2	31.4	10.8
Non-smoker	2,528.2	1,218.0	1,310.2
Former daily smoker	71.0	41.5	29.5
Never daily smoker	2,457.2	1,176.5	1,280.7
Former occasional smoker	109.9	76.5	33.3
Never smoker	2,347.3	1,099.9	1,247.4
Smoked at least 100 cigarettes in lifetime	307.7	223.1	84.5
Note: Current use includes both daily and occasional (less than daily) use.			

Table 4.3: Percentage of adults ≥15 years old who are current smokers of various smoked tobacco products, by gender and selected demographic characteristics – GATS Panama, 2013.

Demographic Characteristics	Any smoked tobacco product	Any cigarette ¹	Type of Cigarette				Other smoked tobacco ²
			Manufactured	Hand-rolled	Kretek		
Overall	6.1 (4.9, 7.5)	5.8 (4.6, 7.2)	5.7 (4.5, 7.1)	1.8 (1.3, 2.4)	0.8 (0.5, 1.1)	2.6 (2.1, 3.3)	
Age (years)			Percentage (95% CI)				
15-19	2.5 (1.3, 4.9)	2.5 (1.2, 4.9)	2.5 (1.2, 4.9)	0.3 (0.2, 0.7)	0.1 (0.0, 0.4)	0.5 (0.3, 1.0)	
20-39	7.0 (5.2, 9.2)	6.7 (5.0, 8.9)	6.6 (5.0, 8.9)	2.1 (1.3, 3.2)	0.9 (0.5, 1.6)	3.2 (2.3, 4.4)	
40-59	6.7 (5.1, 8.8)	6.5 (4.9, 8.6)	6.3 (4.7, 8.4)	1.8 (1.2, 2.8)	0.9 (0.5, 1.8)	2.6 (1.8, 3.8)	
60+	5.2 (3.7, 7.2)	4.7 (3.3, 6.7)	4.5 (3.0, 6.5)	2.2 (1.3, 3.6)	0.7 (0.4, 1.3)	2.6 (1.7, 3.9)	
Residence							
Urban	6.8 (5.2, 8.8)	6.7 (5.1, 8.7)	6.6 (5.0, 8.7)	1.9 (1.3, 2.9)	0.8 (0.5, 1.3)	2.6 (1.9, 3.6)	
Rural	3.9 (3.1, 4.9)	3.4 (2.7, 4.2)	3.1 (2.5, 3.9)	1.4 (1.0, 1.8)	0.7 (0.5, 1.1)	2.3 (1.7, 3.0)	
Indigenous	6.9 (5.9, 8.1)	5.8 (4.8, 7.0)	5.6 (4.6, 6.8)	1.9 (1.4, 2.6)	0.8 (0.5, 1.2)	3.9 (3.2, 4.8)	
Education Level ³							
No formal education	8.0 (5.7, 11.2)	6.8 (4.6, 10.1)	6.2 (4.0, 9.5)	3.8 (2.0, 7.1)	2.0 (0.9, 4.1)	5.9 (3.9, 8.9)	
Primary	7.4 (5.0, 10.9)	7.2 (4.8, 10.7)	7.2 (4.7, 10.7)	1.0 (0.7, 1.5)	0.4 (0.2, 0.6)	2.1 (1.4, 3.2)	
Secondary	7.8 (5.8, 10.3)	7.5 (5.6, 10.1)	7.5 (5.6, 10.0)	2.6 (1.6, 4.1)	1.0 (0.6, 1.8)	3.4 (2.1, 5.3)	
High education	3.4 (2.0, 5.7)	3.4 (2.0, 5.7)	3.3 (1.9, 5.6)	1.6 (0.6, 4.2)	0.7 (0.1, 3.5)	1.4 (0.6, 3.3)	

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

¹Includes manufactured, hand rolled and kretek cigarettes.

²Includes pipes full of tobacco, cigars, cheroots, cigarillos, waper pipe session and/or other tobacco products.

³Education 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 Panama, 2013.												
Demographic Characteristics	Any smoked tobacco product		Any cigarette ¹		Type of Cigarette						Other smoked tobacco ²	
					Manufactured		Hand-rolled		Kretek			
Percentage (95% CI)												
Male	9.4	(7.4, 11.7)	8.9	(7.0, 11.3)	8.8	(6.9, 11.1)	2.6	(1.8, 3.8)	1.3	(0.8, 2.0)	4.2	(3.2, 5.3)
<i>Age (years)</i>												
15-19	4.7	(2.4, 9.1)	4.6	(2.3, 9.1)	4.6	(2.3, 9.1)	0.5	(0.2, 1.0)	0.2	(0.0, 0.8)	1.0	(0.5, 1.9)
20-39	10.1	(7.5, 13.5)	9.6	(7.0, 13.0)	9.5	(6.9, 12.9)	3.2	(1.9, 5.4)	1.5	(0.7, 3.0)	5.0	(3.5, 7.1)
40-59	11.0	(8.2, 14.6)	10.7	(7.9, 14.3)	10.4	(7.7, 14.1)	2.8	(1.6, 4.8)	1.6	(0.7, 3.4)	4.3	(2.8, 6.6)
60+	7.8	(5.3, 11.5)	6.9	(4.4, 10.6)	6.8	(4.3, 10.5)	2.5	(1.5, 4.3)	1.2	(0.6, 2.6)	4.1	(2.7, 6.3)
<i>Residence</i>												
Urban	10.4	(7.7, 13.9)	10.2	(7.5, 13.6)	10.1	(7.4, 13.6)	2.9	(1.8, 4.7)	1.3	(0.7, 2.5)	4.2	(3.0, 6.0)
Rural	6.3	(5.1, 7.8)	5.5	(4.4, 6.8)	5.3	(4.3, 6.5)	1.9	(1.4, 2.6)	1.1	(0.7, 1.7)	3.7	(2.8, 4.8)
Indigenous	11.7	(9.8, 13.9)	10.1	(8.3, 12.4)	9.9	(8.0, 12.1)	3.4	(2.4, 4.8)	1.4	(0.9, 2.2)	6.3	(5.1, 7.9)
<i>Education Level³</i>												
No formal education	11.6	(8.6, 15.7)	9.7	(6.8, 13.7)	9.0	(6.2, 13.1)	5.5	(3.0, 9.7)	3.9	(1.7, 8.5)	9.6	(6.6, 13.6)
Primary	11.2	(7.4, 16.7)	10.8	(7.0, 16.4)	10.8	(7.0, 16.3)	1.5	(1.0, 2.4)	0.7	(0.4, 1.1)	3.4	(2.1, 5.3)
Secondary	11.4	(7.9, 16.2)	11.0	(7.5, 15.8)	10.9	(7.4, 15.7)	3.5	(1.9, 6.4)	1.3	(0.6, 2.6)	5.4	(3.1, 9.0)
High education	6.6	(3.6, 11.7)	6.6	(3.6, 11.7)	6.4	(3.5, 11.5)	3.4	(1.2, 9.1)	1.4	(0.2, 8.1)	2.8	(1.1, 7.1)
Female	2.8	(2.0, 3.8)	2.7	(2.0, 3.7)	2.6	(1.9, 3.7)	0.9	(0.6, 1.4)	0.2	(0.1, 0.5)	1.0	(0.6, 1.6)
<i>Age (years)</i>												
15-19	0.2	(0.1, 0.7)	0.2	(0.1, 0.7)	0.2	(0.1, 0.7)	0.2	(0.1, 0.7)	0.0		0.1	(0.0, 0.4)
20-39	3.8	(2.5, 5.8)	3.8	(2.4, 5.8)	3.8	(2.4, 5.8)	0.9	(0.5, 1.7)	0.3	(0.1, 0.9)	1.4	(0.7, 2.7)
40-59	2.4	(1.5, 3.8)	2.2	(1.3, 3.7)	2.1	(1.3, 3.6)	0.7	(0.4, 1.4)	0.2	(0.1, 0.7)	0.9	(0.5, 1.5)
60+	2.9	(1.5, 5.4)	2.8	(1.4, 5.3)	2.4	(1.2, 5.1)	1.9	(0.8, 4.7)	0.3	(0.1, 0.5)	1.1	(0.4, 3.6)
<i>Residence</i>												
Urban	3.4	(2.4, 4.8)	3.4	(2.4, 4.8)	3.4	(2.4, 4.8)	1.0	(0.6, 1.7)	0.2	(0.1, 0.5)	1.1	(0.6, 2.0)
Rural	1.1	(0.7, 1.8)	1.0	(0.6, 1.6)	0.7	(0.4, 1.3)	0.7	(0.4, 1.3)	0.3	(0.1, 0.9)	0.6	(0.3, 1.3)
Indigenous	2.5	(1.8, 3.5)	1.8	(1.2, 2.6)	1.7	(1.2, 2.5)	0.6	(0.3, 1.1)	0.2	(0.1, 0.4)	1.6	(1.1, 2.4)
<i>Education Level³</i>												
No formal education	4.8	(2.6, 8.8)	4.3	(2.1, 8.4)	3.8	(1.7, 8.1)	2.3	(1.0, 5.4)	0.3	(0.1, 0.6)	2.7	(1.3, 5.7)
Primary	3.4	(1.8, 6.2)	3.3	(1.8, 6.2)	3.3	(1.7, 6.1)	0.5	(0.2, 1.0)	0.1	(0.0, 0.2)	0.8	(0.4, 1.6)
Secondary	3.9	(2.5, 6.0)	3.9	(2.5, 6.0)	3.9	(2.5, 6.0)	1.6	(0.8, 3.2)	0.7	(0.3, 1.8)	1.3	(0.6, 2.6)
High education	0.7	(0.2, 2.1)	0.7	(0.2, 2.1)	0.7	(0.2, 2.1)	0.2	(0.1, 0.7)	0.1	(0.0, 0.6)	0.2	(0.0, 0.6)
¹ Includes manufactured, hand rolled and kretek cigarettes.												
² Includes pipes full of tobacco, cigars, cheroots, cigarillos, waper pipe session and/or other 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 Panama, 2013.

Demographic Characteristics	Any smoked tobacco product	Any cigarette ¹	Type of Cigarette			Other smoked tobacco ²
			Manufactured	Hand-rolled	Kretek	
Number in thousands						
Overall	163.3	156.1	153.4	48.1	20.6	69.7
<i>Age (years)</i>						
15-19	8.5	8.4	8.4	1.2	0.3	1.8
20-39	79.3	76.3	75.8	23.6	10.1	36.5
40-59	54.7	52.6	51.4	14.5	7.4	21.2
60+	20.8	18.7	17.8	8.8	2.8	10.2
<i>Residence</i>						
Urban	127.8	125.6	124.7	36.3	14.7	49.2
Rural	26.4	22.9	21.2	9.2	4.9	15.3
Indigenous	9.1	7.7	7.5	2.6	1.0	5.2
<i>Education Level³</i>						
No formal education	24.0	20.5	18.7	11.4	5.9	17.8
Primary	50.1	48.7	48.4	7.0	2.6	14.3
Secondary	50.4	49.0	48.7	16.6	6.5	22.0
High education	14.3	14.3	14.0	7.0	3.0	5.8
Note: Current use includes both daily and occasional (less than daily) use.						
¹ Includes manufactured, hand rolled and kretek cigarettes.						
² Includes pipes full of tobacco, cigars, cheroots, cigarillos, waper pipe session and/or other 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 Panama, 2013.						
Demographic Characteristics	Any smoked tobacco product	Any cigarette ¹	Type of Cigarette			Other smoked tobacco ²
			Manufactured	Hand-rolled	Kretek	
Number in thousands						
Male	125.7	119.4	117.8	35.5	17.3	55.9
<i>Age (years)</i>						
15-19	8.1	8.0	8.0	0.8	0.3	1.7
20-39	57.7	54.8	54.3	18.4	8.3	28.6
40-59	45.2	43.7	42.8	11.6	6.4	17.8
60+	14.6	12.9	12.6	4.7	2.3	7.8
<i>Residence</i>						
Urban	95.4	93.2	92.4	26.4	12.4	38.6
Rural	22.9	19.8	19.1	6.9	4.0	13.3
Indigenous	7.4	6.4	6.3	2.2	0.9	4.0
<i>Education Level³</i>						
No formal education	16.3	13.6	12.7	7.7	5.4	13.4
Primary	39.1	37.7	37.6	5.4	2.3	11.7
Secondary	38.2	36.8	36.5	11.7	4.3	17.9
High education	12.7	12.7	12.4	6.6	2.7	5.5
Female	37.7	36.7	35.7	12.7	3.3	13.8
<i>Age (years)</i>						
15-19	0.4	0.4	0.4	0.4	0.0	0.1
20-39	21.6	21.5	21.5	5.3	1.7	7.9
40-59	9.5	8.9	8.6	3.0	1.0	3.4
60+	6.1	5.9	5.2	4.1	0.5	2.4
<i>Residence</i>						
Urban	32.4	32.4	32.4	9.9	2.3	10.7
Rural	3.5	3.1	2.1	2.3	0.8	2.0
Indigenous	1.7	1.2	1.2	0.4	0.1	1.1
<i>Education Level³</i>						
No formal education	7.6	6.8	6.0	3.7	0.5	4.3
Primary	11.0	10.9	10.8	1.6	0.3	2.6
Secondary	12.2	12.2	12.2	4.9	2.2	4.1
High education	1.7	1.7	1.7	0.5	0.3	0.3
¹ Includes manufactured, hand rolled and kretek cigarettes.						
² Includes pipes full of tobacco, cigars, cheroots, cigarillos, waper pipe session and/or other tobacco products.						
³ Education level is reported only among respondents 25+ years old.						

Table 4.5: Percentage distribution of adults ≥15 years old, by smoking frequency, gender and selected demographic characteristics – GATS Panama, 2013.							
Demographic Characteristics	Smoking Frequency						Total
	Daily		Occasional ¹		Non-smoker		
	Percentage (95% CI)						
Overall	2.8	(2.1, 3.8)	3.3	(2.6, 4.1)	93.9	(92.5, 95.1)	100
<i>Age (years)</i>							
15-19	0.3	(0.2, 0.8)	2.2	(1.0, 4.7)	97.5	(95.1, 98.7)	100
20-39	2.7	(1.5, 4.8)	4.3	(3.2, 5.7)	93.0	(90.8, 94.8)	100
40-59	4.3	(3.1, 5.7)	2.5	(1.6, 3.9)	93.3	(91.2, 94.9)	100
60+	2.3	(1.5, 3.7)	2.9	(1.7, 4.6)	94.8	(92.8, 96.3)	100
<i>Residence</i>							
Urban	3.2	(2.3, 4.6)	3.5	(2.7, 4.7)	93.2	(91.2, 94.8)	100
Rural	1.8	(1.4, 2.5)	2.1	(1.5, 2.7)	96.1	(95.1, 96.9)	100
Indigenous	1.3	(1.0, 1.8)	5.6	(4.6, 6.6)	93.1	(91.9, 94.1)	100
<i>Education Level²</i>							
No formal education	4.4	(2.8, 6.9)	3.6	(2.6, 5.0)	92.0	(88.8, 94.3)	100
Primary	4.0	(2.6, 6.2)	3.4	(2.0, 5.6)	92.6	(89.1, 95.0)	100
Secondary	3.8	(2.4, 5.8)	4.0	(2.9, 5.5)	92.2	(89.7, 94.2)	100
High education	1.4	(0.7, 2.9)	1.9	(0.9, 4.2)	96.6	(94.3, 98.0)	100

¹Occasional refers to less than daily use.

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

Table 4.5 (cont.): Percentage distribution of adults ≥15 years old, by smoking frequency, gender and selected demographic characteristics – GATS Panama, 2013.							
Demographic Characteristics	Smoking Frequency						Total
	Daily		Occasional ¹		Non-smoker		
	Percentage (95% CI)						
Male	4.4	(3.2, 6.0)	5.0	(3.9, 6.4)	90.6	(88.3, 92.6)	100
<i>Age (years)</i>							
15-19	0.6	(0.3, 1.4)	4.1	(1.9, 8.7)	95.3	(90.9, 97.6)	100
20-39	3.8	(2.0, 7.3)	6.3	(4.5, 8.7)	89.9	(86.5, 92.5)	100
40-59	7.1	(5.1, 9.9)	3.9	(2.5, 6.1)	89.0	(85.4, 91.8)	100
60+	3.6	(2.2, 5.8)	4.3	(2.3, 7.7)	92.2	(88.5, 94.7)	100
<i>Residence</i>							
Urban	5.1	(3.5, 7.5)	5.3	(3.7, 7.3)	89.6	(86.1, 92.3)	100
Rural	2.8	(2.1, 3.8)	3.5	(2.6, 4.7)	93.7	(92.2, 94.9)	100
Indigenous	2.2	(1.6, 3.0)	9.5	(7.8, 11.5)	88.3	(86.1, 90.2)	100
<i>Education Level²</i>							
No formal education	6.4	(3.8, 10.6)	5.2	(3.8, 7.1)	88.4	(84.3, 91.4)	100
Primary	6.1	(3.7, 10.0)	5.1	(2.8, 8.9)	88.8	(83.3, 92.6)	100
Secondary	5.8	(3.4, 9.8)	5.6	(3.7, 8.3)	88.6	(83.8, 92.1)	100
High education	2.6	(1.2, 5.7)	3.9	(1.7, 9.0)	93.4	(88.3, 96.4)	100
Female	1.2	(0.8, 1.9)	1.6	(1.1, 2.3)	97.2	(96.2, 98.0)	100
<i>Age (years)</i>							
15-19	0.1	(0.0, 0.4)	0.2	(0.0, 0.7)	99.8	(99.3, 99.9)	100
20-39	1.5	(0.7, 3.1)	2.3	(1.4, 3.8)	96.2	(94.2, 97.5)	100
40-59	1.3	(0.7, 2.4)	1.0	(0.4, 2.4)	97.6	(96.2, 98.5)	100
60+	1.3	(0.5, 3.4)	1.6	(0.7, 3.8)	97.1	(94.6, 98.5)	100
<i>Residence</i>							
Urban	1.5	(0.9, 2.4)	1.9	(1.2, 2.9)	96.6	(95.2, 97.6)	100
Rural	0.7	(0.4, 1.3)	0.4	(0.2, 0.7)	98.9	(98.2, 99.3)	100
Indigenous	0.6	(0.3, 1.2)	1.9	(1.4, 2.7)	97.5	(96.5, 98.2)	100
<i>Education Level²</i>							
No formal education	2.6	(1.0, 6.7)	2.2	(1.0, 4.8)	95.2	(91.2, 97.4)	100
Primary	1.8	(0.9, 3.8)	1.6	(0.7, 3.5)	96.6	(93.8, 98.2)	100
Secondary	1.6	(0.7, 3.3)	2.3	(1.3, 4.0)	96.1	(94.0, 97.5)	100
High education	0.4	(0.1, 2.3)	0.3	(0.1, 0.8)	99.3	(97.9, 99.8)	100

¹Occasional 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 Panama, 2013.

Demographic Characteristics	Average number of cigarettes smoked per day ¹		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	14.8	(12.0, 17.6)	11.5	(6.8, 18.7)	27.7	(15.3, 44.8)	14.8	(8.0, 25.8)	34.7	(22.7, 49.1)	11.3	(6.1, 20.0)	100
<i>Gender</i>													
Male	16.3	(13.1, 19.6)	10.4	(5.7, 18.1)	21.6	(10.5, 39.3)	14.0	(7.0, 25.9)	40.4	(26.6, 56.0)	13.6	(7.0, 24.8)	100
Female	10.1	(6.7, 13.4)	14.9	(5.6, 34.2)	45.7	(24.2, 69.0)	17.2	(5.0, 45.0)	17.7	(6.2, 41.0)	4.5	(1.0, 17.9)	100
<i>Age (years)</i>													100
15-19	*		*		*		*		*		*		100
20-39	10.9	(7.4, 14.5)	11.5	(4.3, 27.2)	41.3	(17.5, 70.1)	21.8	(8.6, 45.2)	21.4	(7.1, 49.4)	4.0	(1.7, 9.0)	100
40-59	18.5	(14.7, 22.3)	9.3	(4.3, 18.9)	19.1	(9.8, 34.0)	11.6	(4.9, 25.0)	40.4	(23.4, 60.2)	19.5	(9.8, 35.2)	100
60+	14.1	(10.9, 17.3)	15.9	(6.6, 33.6)	13.9	(4.9, 33.3)	5.6	(1.7, 16.8)	59.5	(36.7, 78.8)	5.2	(1.4, 17.1)	100
<i>Residence</i>													
Urban	15.1	(11.8, 18.3)	6.8	(3.0, 14.8)	30.7	(16.1, 50.6)	14.5	(6.8, 28.1)	37.6	(23.2, 54.6)	10.3	(4.7, 21.1)	100
Rural	14.2	(9.6, 18.9)	28.9	(15.9, 46.8)	13.8	(7.1, 25.1)	18.0	(9.5, 31.6)	22.3	(12.1, 37.3)	16.9	(7.9, 32.6)	100
Indigenous	7.9	(3.9, 11.8)	66.8	(49.5, 80.5)	12.4	(5.7, 25.1)	1.7	(0.5, 5.8)	12.5	(5.3, 26.8)	6.5	(2.2, 18.2)	100
<i>Education Level²</i>													
No formal education	10.8	(6.5, 15.1)	22.5	(10.4, 42.2)	44.1	(19.4, 72.1)	5.2	(1.1, 21.1)	20.0	(6.8, 46.2)	8.2	(3.0, 20.9)	100
Primary	13.7	(10.7, 16.7)	16.5	(7.0, 34.1)	17.2	(8.1, 33.0)	18.2	(7.4, 38.1)	40.7	(21.6, 63.0)	7.4	(2.3, 21.6)	100
Secondary	18.7	(12.4, 25.0)	1.1	(0.4, 3.3)	31.6	(12.5, 59.9)	10.5	(2.8, 32.5)	37.6	(17.4, 63.3)	19.1	(7.8, 39.9)	100
High education	*		*		*		*		*		*		100

¹ Among daily cigarette smokers. Cigarettes include manufactured, hand-rolled and kreteks.

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

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

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

Demographic Characteristics	Age at Daily Smoking Initiation (years) ¹								Total
	<10		10-13		14-17		18+		
Percentage (95% CI)									
Overall	1.7	(0.5, 5.1)	9.2	(3.0, 24.5)	50.5	(34.3, 66.6)	38.6	(25.4, 53.7)	100
<i>Gender</i>									
Male	2.5	(0.8, 7.6)	12.0	(3.5, 33.7)	48.9	(27.8, 70.4)	36.6	(20.7, 56.1)	100
Female	0.0		3.1	(0.6, 15.1)	54.0	(29.1, 77.0)	42.9	(20.8, 68.3)	100
<i>Residence</i>									
Urban	1.1	(0.3, 4.4)	7.7	(1.6, 30.6)	53.5	(34.1, 71.9)	37.6	(22.2, 56.1)	100
Rural	4.6	(0.9, 21.3)	14.9	(5.6, 34.0)	35.4	(19.5, 55.4)	45.1	(28.8, 62.6)	100
Indigenous	1.5	(0.2, 10.3)	14.7	(7.0, 28.4)	51.9	(35.2, 68.2)	31.9	(18.5, 49.0)	100
<i>Education Level²</i>									
No formal education	0.0		1.2	(0.1, 8.8)	59.3	(25.9, 85.9)	39.5	(13.5, 73.1)	100
Primary	2.4	(0.3, 16.4)	7.7	(2.5, 21.6)	56.6	(34.1, 76.7)	33.3	(16.8, 55.2)	100
Secondary	1.6	(0.2, 11.0)	15.5	(2.6, 56.0)	44.7	(19.6, 72.8)	38.3	(17.2, 64.9)	100
High education	*		*		*		*		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 Panama, 2013.				
Demographic Characteristics	Former Daily Smokers ¹ (Among All Adults)		Former Daily Smokers ¹ (Among Ever Daily Smokers) ²	
Percentage (95% CI)				
Overall	2.6	(2.1, 3.2)	37.0	(29.6, 45.0)
<i>Gender</i>				
Male	3.1	(2.4, 3.9)	30.6	(23.5, 38.7)
Female	2.2	(1.6, 3.0)	52.3	(39.6, 64.8)
<i>Age (years)</i>				
15-19	0.0		*	
20-39	1.2	(0.8, 1.9)	20.5	(12.7, 31.3)
40-59	3.7	(2.6, 5.3)	39.2	(28.9, 50.5)
60+	6.7	(5.3, 8.6)	62.2	(50.7, 72.4)
<i>Residence</i>				
Urban	2.7	(2.1, 3.6)	34.3	(25.5, 44.4)
Rural	2.7	(2.1, 3.4)	49.2	(41.6, 56.9)
Indigenous	1.2	(1.0, 1.6)	26.8	(20.8, 33.8)
<i>Education Level³</i>				
No formal education	5.2	(3.8, 7.0)	46.2	(34.1, 58.7)
Primary	3.2	(2.2, 4.6)	34.5	(23.5, 47.4)
Secondary	2.1	(1.3, 3.2)	24.5	(14.9, 37.5)
High education	4.3	(2.7, 6.8)	63.1	(43.9, 78.8)
¹ Current non-smokers.				
² Also known as the quit ratio for daily smoking.				
³ Education level is reported only among respondents 25+ years old.				
* Indicates estimate based on less than 25 unweighted cases and has				

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

Demographic Characteristics	Time since quitting smoking (years) ¹								Total
	<1		1 to <5		5 to <10		≥10		
	<i>Percentage (95% CI)</i>								
Overall	2.9	(1.3, 6.0)	18.0	(10.3, 29.6)	16.7	(10.7, 25.1)	62.4	(52.2, 71.6)	100
Gender									
Male	2.7	(1.0, 7.0)	17.6	(8.6, 32.7)	19.0	(11.1, 30.6)	60.7	(47.5, 72.6)	100
Female	3.1	(0.9, 10.5)	18.6	(7.2, 40.1)	13.5	(5.8, 28.0)	64.8	(46.6, 79.5)	100
Age (years)									
15-19	*		*		*		*		100
20-39	10.0	(3.5, 25.5)	30.8	(13.6, 55.7)	35.3	(17.0, 59.2)	24.0	(10.5, 45.8)	100
40-59	1.1	(0.2, 7.9)	21.9	(9.0, 44.2)	9.6	(4.4, 19.6)	67.4	(48.2, 82.1)	100
60+	1.0	(0.3, 3.8)	6.6	(3.5, 12.3)	15.0	(7.0, 29.0)	77.4	(64.6, 86.5)	100
Residence									
Urban	2.0	(0.6, 6.7)	19.6	(9.6, 35.7)	18.8	(10.9, 30.5)	59.6	(46.1, 71.8)	100
Rural	5.4	(2.2, 12.9)	13.9	(8.0, 23.2)	11.5	(6.7, 19.0)	69.1	(59.0, 77.7)	100
Indigenous	1.9	(0.3, 10.0)	14.6	(7.5, 26.6)	7.3	(3.2, 15.9)	76.2	(62.6, 86.0)	100
Education Level ²									
No formal education	1.5	(0.3, 6.5)	6.4	(3.1, 12.7)	8.3	(4.3, 15.2)	83.9	(73.4, 90.8)	100
Primary	2.8	(0.7, 10.1)	18.0	(5.1, 47.5)	32.5	(19.1, 49.5)	46.7	(31.8, 62.2)	100
Secondary	3.2	(0.6, 15.1)	21.6	(7.7, 47.6)	12.8	(5.2, 28.3)	62.4	(39.3, 80.9)	100
High education	1.2	(0.2, 7.3)	19.8	(6.3, 47.2)	7.9	(1.1, 38.8)	71.2	(45.3, 88.1)	100

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

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

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

Table 4.10: Percentage distribution of current tobacco users ≥15 years old, by tobacco use pattern and selected demographic characteristics – GATS Panama, 2013.

Demographic Characteristics	Current Tobacco Users ¹		Type of Current Tobacco Use						
	Smoked only	Smokeless only	Both smoked and smokeless	Total					
<i>Percentage (95% CI)</i>									
Overall	6.4	(5.2, 7.8)	87.7	(81.4, 92.0)	3.7	(2.3, 6.1)	8.6	(4.8, 14.9)	100
Gender									
Male	9.7	(7.8, 12.1)	89.2	(81.2, 94.1)	2.4	(1.4, 4.3)	8.3	(3.9, 16.7)	100
Female	3.1	(2.3, 4.1)	82.8	(71.8, 90.1)	7.7	(3.7, 15.4)	9.4	(4.4, 19.0)	100
Age (years)									
15-19	2.8	(1.5, 5.3)	88.9	(69.7, 96.5)	9.8	(2.8, 29.2)	1.3	(0.2, 9.7)	100
20-39	7.2	(5.5, 9.4)	88.8	(79.5, 94.2)	2.7	(1.2, 6.0)	8.4	(3.7, 18.1)	100
40-59	7.1	(5.5, 9.2)	86.0	(75.1, 92.6)	3.8	(2.0, 7.1)	10.3	(4.4, 22.0)	100
60+	5.5	(4.0, 7.6)	87.2	(77.6, 93.1)	4.8	(1.7, 12.4)	8.0	(3.8, 15.9)	100
Residence									
Urban	7.1	(5.5, 9.2)	87.2	(78.9, 92.5)	3.4	(1.9, 6.0)	9.4	(4.8, 17.8)	100
Rural	4.2	(3.4, 5.2)	89.7	(82.2, 94.3)	5.5	(1.9, 14.8)	4.8	(2.9, 7.8)	100
Indigenous	7.2	(6.1, 8.4)	88.0	(82.3, 92.0)	3.6	(1.8, 7.0)	8.4	(5.2, 13.4)	100
Education Level ²									
No formal education	8.5	(6.1, 11.7)	81.3	(64.7, 91.2)	4.4	(1.7, 11.1)	14.3	(5.2, 33.8)	100
Primary	7.7	(5.2, 11.3)	93.1	(86.9, 96.5)	3.0	(1.3, 6.5)	3.9	(1.6, 9.3)	100
Secondary	8.0	(6.1, 10.6)	84.5	(70.5, 92.5)	1.8	(0.8, 4.4)	13.7	(6.0, 28.1)	100
High education	3.6	(2.1, 5.9)	89.9	(76.9, 96.0)	4.0	(1.4, 11.3)	6.1	(1.5, 21.4)	100
¹ Includes daily and occasional (less than daily) smokers or smokeless users.									
² Education level is reported only among respondents 25+ years old.									

Table 4.11: Percentage distribution of daily smokers ≥15 years old, by time to first tobacco use upon waking and selected demographic characteristics – GATS Panama, 2013.									
Demographic Characteristics	Time to first smoke								Total
	≤5 minutes		6-30 minutes		31-60 minutes		>60 minutes		
Percentage (95% CI)									
Overall	13.7	(8.3, 21.7)	29.5	(18.1, 44.2)	22.2	(13.2, 34.7)	34.7	(24.9, 46.0)	100
Gender									
Male	14.5	(8.2, 24.2)	32.8	(19.6, 49.5)	25.7	(14.6, 41.0)	27.0	(18.0, 38.5)	100
Female	11.0	(4.3, 25.1)	18.1	(8.2, 35.4)	10.3	(2.9, 30.6)	60.6	(41.0, 77.4)	100
Age (years)									
15-19	*		*		*		*		100
20-39	11.0	(4.5, 24.2)	10.8	(4.2, 25.0)	30.9	(16.4, 50.6)	47.3	(30.7, 64.4)	100
40-59	15.5	(7.9, 28.0)	44.7	(28.0, 62.6)	16.4	(7.7, 31.4)	23.5	(13.4, 37.7)	100
60+	15.8	(6.6, 33.4)	33.1	(14.4, 59.4)	14.8	(4.8, 37.3)	36.3	(16.9, 61.5)	100
Residence									
Urban	12.6	(6.7, 22.4)	30.6	(17.1, 48.6)	24.6	(14.2, 39.2)	32.1	(20.7, 46.3)	100
Rural	18.8	(11.1, 29.8)	25.3	(14.2, 40.9)	12.2	(4.8, 27.6)	43.8	(30.0, 58.6)	100
Indigenous	15.8	(6.8, 32.3)	15.4	(6.9, 30.9)	4.1	(1.1, 13.8)	64.7	(49.5, 77.5)	100
Education Level ¹									
No formal education	17.8	(7.1, 38.2)	41.7	(19.2, 68.3)	1.6	(0.5, 4.9)	38.9	(18.1, 64.6)	100
Primary	9.1	(3.5, 21.7)	34.3	(15.9, 58.9)	24.3	(7.8, 55.0)	32.4	(16.3, 54.0)	100
Secondary	17.7	(7.9, 35.2)	21.1	(9.0, 42.0)	30.4	(12.4, 57.5)	30.7	(12.1, 58.8)	100
High education	*		*		*		*		100

¹ Education level is reported only among respondents 25+ years old.
* Indicates estimate based on less than 25 unweighted cases and has been suppressed.

Table 4.12: Average number of various tobacco products smoked per day among daily smokers ≥15 of the products, by gender – GATS Panama, 2013.						
Tobacco Products	Overall		Male		Female	
	Average (95% CI)					
Manufactured cigarettes	12.8	(10.4, 15.1)	14.4	(11.6, 17.1)	7.6	(5.6, 9.6)
Handrolled cigarettes	11.0	(7.3, 14.6)	12.1	(7.2, 17.0)	*	
Kreteks	*		*		*	
Pipes	4.8	(2.5, 7.1)	4.2	(2.8, 5.6)	*	
Cigars	13.0	(10.4, 15.1)	13.6	(10.5, 16.1)	*	
Waterpipe	*		*		*	
Other	*		*		*	

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

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 Panama, 2013.								
Demographic Characteristics	Smoking cessation and health care seeking behavior							
	Made quit attempt ¹		Visited a HCP ^{1,2}		Asked by HCP if a		Advised to quit by HCP ^{2,3}	
Percentage (95% CI)								
Overall	45.2	(36.2, 54.6)	36.6	(29.2, 44.7)	73.6	(63.8, 81.5)	60.4	(48.3, 71.3)
<i>Gender</i>								
Male	44.4	(34.7, 54.5)	32.6	(24.7, 41.8)	71.0	(58.1, 81.2)	63.7	(49.3, 76.0)
Female	48.2	(34.4, 62.3)	50.3	(35.6, 65.0)	79.5	(63.8, 89.5)	53.0	(34.8, 70.5)
<i>Age (years)</i>								
15-19	68.1	(35.0, 89.5)	16.3	(5.5, 39.4)	*		*	
20-39	51.6	(38.0, 64.9)	31.6	(22.7, 42.0)	75.0	(60.9, 85.2)	59.2	(42.5, 73.9)
40-59	33.5	(22.4, 46.8)	38.3	(24.9, 53.7)	72.7	(52.6, 86.5)	66.5	(45.0, 82.7)
60+	40.1	(26.2, 55.7)	62.3	(46.2, 76.0)	77.7	(61.0, 88.6)	58.1	(37.1, 76.5)
<i>Residence</i>								
Urban	42.4	(31.7, 53.9)	37.9	(28.6, 48.2)	77.4	(65.9, 85.8)	63.7	(49.4, 75.9)
Rural	54.6	(44.5, 64.4)	36.2	(27.4, 46.1)	59.3	(45.0, 72.1)	48.5	(33.0, 64.2)
Indigenous	57.8	(49.6, 65.6)	20.7	(15.4, 27.4)	51.3	(35.1, 67.3)	38.0	(25.0, 53.1)
<i>Education Level⁴</i>								
No formal education	40.0	(30.1, 50.8)	36.0	(27.1, 46.0)	65.0	(46.6, 79.8)	59.6	(40.7, 76.0)
Primary	38.1	(24.4, 53.9)	37.2	(25.4, 50.6)	78.1	(56.7, 90.6)	62.4	(36.1, 83.0)
Secondary	45.2	(30.0, 61.3)	37.7	(25.5, 51.6)	79.5	(63.2, 89.7)	68.1	(49.3, 82.5)
High education	42.7	(21.4, 67.1)	47.9	(24.8, 71.8)	91.8	(74.2, 97.7)	75.8	(45.8, 92.1)
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.								

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 Panama, 2013.

Demographic Characteristics	Use of Cessation Method ¹										
	Counseling	Nicotine Replacement Therapy		Prescription Medications	Traditional Medicines		Quit Line	Switching to Smokeless Tobacco	Attempt to Quit Without Assistance	Other ²	
		Percentage (95% CI)	Percentage (95% CI)		Percentage (95% CI)	Percentage (95% CI)					
Overall	11.8 (7.0, 19.1)	5.9 (3.0, 11.0)	1.1 (0.5, 2.4)	0.7 (0.3, 1.5)	2.7 (0.7, 9.9)	4.6 (1.1, 17.4)	74.0 (64.7, 81.6)	5.1 (2.3, 10.9)			
Gender											
Male	11.3 (6.3, 19.3)	7.4 (3.7, 14.2)	1.0 (0.4, 2.5)	0.8 (0.3, 2.0)	3.1 (0.7, 13.2)	6.1 (1.5, 22.1)	72.8 (61.7, 81.6)	6.6 (2.9, 14.3)			
Female	13.2 (4.2, 34.4)	1.2 (0.2, 7.2)	1.2 (0.2, 7.2)	0.1 (0.0, 0.4)	1.2 (0.2, 6.9)	0.1 (0.0, 0.4)	78.1 (61.0, 89.0)	0.7 (0.2, 2.2)			
Age (years)											
15-19	36.0 (9.3, 75.6)	13.4 (1.8, 56.7)	0.0	0.0	21.9 (3.2, 70.6)	0.0	70.4 (29.1, 93.2)	13.3 (1.8, 56.8)			
20-39	5.7 (2.6, 11.9)	2.0 (0.9, 4.6)	1.3 (0.5, 3.7)	0.7 (0.2, 2.1)	1.0 (0.3, 3.4)	6.4 (1.1, 29.8)	73.3 (60.1, 83.4)	5.6 (1.9, 15.8)			
40-59	8.6 (4.2, 16.8)	11.1 (3.0, 33.3)	1.3 (0.3, 4.6)	0.9 (0.2, 3.5)	0.9 (0.2, 3.3)	4.1 (0.7, 19.7)	73.3 (59.9, 83.4)	2.0 (0.8, 5.2)			
60+	32.1 (12.5, 61.0)	9.1 (2.2, 30.7)	0.0	0.5 (0.1, 3.4)	0.5 (0.1, 3.4)	0.0	82.4 (65.1, 92.1)	2.6 (0.7, 8.7)			
Residence											
Urban	12.6 (6.6, 22.7)	6.5 (3.0, 13.5)	1.0 (0.4, 2.9)	0.0	3.2 (0.7, 13.7)	6.2 (1.4, 22.7)	75.7 (63.5, 84.8)	6.1 (2.5, 14.2)			
Rural	10.8 (6.2, 18.0)	5.4 (2.5, 11.5)	0.7 (0.2, 2.7)	1.1 (0.4, 3.0)	1.8 (0.7, 4.5)	0.3 (0.0, 2.2)	70.2 (54.4, 82.3)	2.6 (1.1, 6.3)			
Indigenous	5.2 (1.8, 14.3)	0.1 (0.0, 0.9)	2.3 (0.3, 13.7)	6.2 (2.0, 17.6)	0.0	0.0	67.9 (56.9, 77.1)	1.4 (0.4, 4.6)			
Education Level ³											
No formal education	28.1 (11.3, 54.6)	0.0	0.0	1.0 (0.1, 7.2)	1.5 (0.3, 6.2)	0.0	80.4 (68.5, 88.6)	2.4 (0.8, 7.3)			
Primary	5.7 (2.0, 14.9)	7.1 (2.8, 16.7)	2.1 (0.7, 6.6)	0.7 (0.2, 2.1)	1.3 (0.3, 5.6)	1.2 (0.2, 5.7)	75.5 (60.0, 86.4)	3.3 (1.4, 7.6)			
Secondary	8.6 (3.4, 20.4)	2.2 (0.5, 9.3)	1.1 (0.2, 5.4)	0.0	0.9 (0.1, 5.7)	13.5 (3.0, 44.6)	73.8 (56.7, 85.8)	9.2 (2.6, 27.7)			
High education	*	*	*	*	*	*	*	*			

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 Other includes traditional medicines and other products.
³ Education level is reported only among respondents 25+ years old.
 * Indicates estimate based on less than 25 unweighted cases and has been suppressed.

Table 5.3: Percentage distribution of current smokers ≥15 years old by interest in quitting smoking and selected demographic characteristics – GATS Panama, 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	9.8 (7.1, 13.4)	11.0 (6.5, 18.0)	43.6 (36.2, 51.4)	26.2 (20.5, 32.9)	9.4 (6.0, 14.3)	100			
Current Daily Smokers	3.6 (1.9, 6.8)	7.3 (2.9, 17.2)	43.0 (33.4, 53.1)	41.6 (32.3, 51.5)	4.5 (2.4, 8.3)	100			
Gender									
Male	8.4 (5.9, 11.9)	10.9 (6.0, 18.7)	42.8 (34.8, 51.2)	28.2 (21.3, 36.3)	9.7 (5.9, 15.6)	100			
Female	14.2 (6.7, 27.6)	11.4 (4.4, 26.5)	46.2 (31.6, 61.5)	19.9 (11.0, 33.3)	8.3 (4.1, 16.3)	100			
Age (years)									
15-19	19.1 (3.6, 60.0)	28.8 (7.0, 68.6)	11.1 (4.3, 26.0)	27.0 (6.8, 65.4)	14.0 (4.0, 38.9)	100			
20-39	9.5 (5.5, 15.9)	11.7 (5.8, 22.0)	48.1 (38.0, 58.4)	18.6 (11.1, 29.5)	12.1 (6.7, 20.6)	100			
40-59	8.2 (4.6, 14.3)	7.2 (2.9, 16.9)	48.0 (33.4, 62.9)	30.5 (18.5, 45.9)	6.1 (3.2, 11.1)	100			
60+	11.3 (3.2, 33.1)	10.9 (3.0, 32.9)	27.8 (17.0, 42.1)	44.0 (26.9, 62.7)	5.9 (3.4, 10.2)	100			
Residence									
Urban	9.2 (6.0, 13.8)	12.3 (6.7, 21.4)	42.4 (33.1, 52.2)	27.7 (20.7, 36.1)	8.5 (4.7, 14.8)	100			
Rural	11.2 (7.4, 16.6)	5.4 (3.0, 9.6)	49.8 (41.2, 58.3)	22.8 (15.7, 31.8)	10.9 (6.2, 18.6)	100			
Indigenous	14.7 (8.9, 23.3)	8.8 (5.6, 13.5)	43.8 (35.9, 52.0)	15.2 (10.8, 21.0)	17.5 (13.1, 23.1)	100			
Education level ²									
No formal education	14.0 (7.1, 25.8)	5.5 (2.8, 10.5)	41.6 (25.5, 59.6)	30.0 (19.0, 44.0)	8.8 (5.2, 14.7)	100			
Primary	5.5 (2.7, 10.7)	9.5 (4.0, 21.0)	49.3 (38.4, 60.3)	31.4 (19.4, 46.4)	4.4 (2.1, 8.8)	100			
Secondary	13.1 (7.2, 22.5)	11.4 (3.9, 28.9)	45.8 (29.8, 62.8)	22.4 (12.4, 37.2)	7.3 (3.1, 16.1)	100			
High education	5.6 (1.8, 16.3)	14.1 (3.5, 42.4)	25.3 (11.8, 46.3)	40.2 (17.0, 68.8)	14.8 (2.6, 53.1)	100			

¹ Among current daily or less than daily smokers.

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

Table 5.4: Percentage of current smokers >=15 who tried to quit in the last 12 months, who experienced various symptoms when trying to quit, by gender — GATS Panama, 2013

Symptoms	Overall		Male		Female	
Anxiety or nervousness	46.7	(36.8, 56.8)	38.1	(27.6, 49.8)	70.6	(53.1, 83.5)
Sleeping problems	18.8	(12.6, 27.1)	12.6	(7.1, 21.2)	36.2	(19.8, 56.6)
Feeling of hunger	32.1	(23.2, 42.5)	25.2	(16.8, 36.0)	51.7	(32.9, 70.0)
Weight gain	37.4	(28.1, 47.8)	32.5	(22.1, 44.9)	51.5	(32.6, 70.0)
Shakiness	12.3	(6.8, 21.5)	11.0	(5.5, 20.8)	16.1	(5.1, 40.7)
Sweating	17.0	(11.1, 25.0)	13.6	(8.3, 21.6)	26.4	(12.2, 48.3)
Irritability	28.4	(19.7, 39.1)	20.8	(12.9, 31.8)	49.9	(31.2, 68.6)
Difficulty concentrating	20.8	(13.0, 31.6)	15.7	(9.0, 25.9)	35.1	(18.6, 56.3)
Cravings for cigarettes	61.5	(50.5, 71.5)	57.4	(45.1, 68.8)	73.5	(55.1, 86.3)
Other	5.0	(1.1, 19.9)	6.7	(1.5, 25.5)	0.3	(0.1, 1.8)

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 Panama, 2013.

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Work ¹								
	Overall			Current smokers		Non-smokers			
	Percentage (95% CI)	Number in thousands	Percentage (95% CI)	Number in thousands	Percentage (95% CI)	Number in thousands			
Overall	5.6	(4.2, 7.5)	41.3	8.4	(3.3, 19.7)	4.1	5.4	(4.0, 7.4)	37.3
Gender									
Male	7.4	(5.1, 10.6)	28.4	8.6	(2.8, 23.6)	3.0	7.3	(4.9, 10.7)	25.4
Female	3.7	(2.4, 5.7)	13.0	7.9	(1.5, 32.3)	1.1	3.5	(2.2, 5.6)	11.9
Age (years)									
15-19	5.9	(2.2, 14.6)	1.3	*		*	5.6	(1.9, 15.5)	1.2
20-39	5.7	(3.9, 8.4)	22.2	11.4	(3.7, 30.0)	3.3	5.3	(3.4, 8.0)	18.9
40-59	5.2	(3.5, 7.8)	14.9	2.8	(0.9, 8.4)	0.4	5.4	(3.5, 8.1)	14.5
60+	7.7	(3.2, 17.6)	2.9	*		*	7.7	(3.0, 18.3)	2.7
Residence									
Urban	5.6	(4.0, 7.7)	36.6	7.3	(2.4, 20.3)	3.3	5.5	(3.9, 7.7)	33.3
Rural	5.9	(3.5, 9.6)	4.4	25.6	(9.1, 54.0)	0.6	5.2	(2.9, 9.1)	3.8
Indigenous	5.8	(3.0, 11.1)	0.3	*		*	3.5	(1.6, 7.4)	0.1
Education Level ²									
No formal education	5.9	(1.9, 16.6)	1.3	*		*	5.8	(1.7, 18.4)	1.1
Primary	6.7	(3.6, 12.3)	7.2	21.2	(5.5, 55.5)	2.7	4.8	(2.6, 8.8)	4.5
Secondary	5.1	(3.3, 7.8)	12.0	2.9	(1.0, 8.0)	0.5	5.2	(3.3, 8.2)	11.4
High education	5.0	(3.0, 8.2)	13.1	*		*	5.2	(3.2, 8.5)	13.1

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.

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 Panama, 2013.

Demographic Characteristics	Overall		Current smokers		Non-smokers	
	Percentage (95% CI)	Number in thousands	Percentage (95% CI)	Number in thousands	Percentage (95% CI)	Number in thousands
Overall	4.4 (3.7, 5.2)	117.5	28.8 (23.1, 35.4)	46.3	2.8 (2.3, 3.5)	71.2
Gender						
Male	5.3 (4.1, 6.8)	70.8	27.6 (20.5, 36.0)	34.0	3.1 (2.3, 4.1)	36.8
Female	3.5 (2.9, 4.3)	46.7	33.0 (22.1, 46.2)	12.3	2.7 (2.1, 3.3)	34.4
Age (years)						
15-19	3.9 (2.4, 6.3)	13.2	10.5 (3.4, 28.3)	0.9	3.7 (2.2, 6.2)	12.3
20-39	4.8 (3.6, 6.4)	54.1	29.5 (21.1, 39.5)	23.2	2.9 (2.1, 4.0)	30.9
40-59	4.5 (3.6, 5.7)	36.1	29.3 (19.6, 41.3)	15.7	2.7 (2.0, 3.8)	20.4
60+	3.6 (2.6, 4.9)	14.1	32.9 (21.3, 46.9)	6.5	2.0 (1.3, 3.2)	7.6
Residence						
Urban	4.5 (3.6, 5.6)	83.9	27.4 (20.5, 35.7)	34.7	2.8 (2.2, 3.6)	49.2
Rural	4.1 (3.2, 5.3)	27.5	35.1 (26.9, 44.2)	9.0	2.9 (2.1, 3.9)	18.5
Indigenous	4.8 (3.8, 5.9)	6.1	30.9 (24.4, 38.2)	2.6	2.9 (2.2, 3.9)	3.5
Education Level ²						
No formal education	6.0 (4.5, 7.8)	17.5	40.5 (25.2, 57.7)	9.1	3.1 (2.0, 4.8)	8.4
Primary	5.3 (3.9, 7.2)	35.7	31.9 (19.2, 48.2)	16.0	3.2 (2.3, 4.4)	19.7
Secondary	5.0 (3.6, 6.9)	32.1	32.9 (19.3, 50.2)	16.4	2.6 (1.7, 4.1)	15.7
High education	2.8 (1.7, 4.7)	11.8	17.6 (7.4, 36.5)	2.5	2.3 (1.2, 4.2)	9.3

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

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

Table 6.3: 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 Panama, 2013.

Demographic Characteristics	Adults Exposed to Tobacco Smoke ¹ in...							Transport terminals ⁷
	Government buildings or offices	Private buildings or offices ³	Common areas of a building ⁴ Percentage (95% CI)	Health care facilities ⁵	Public transportation ⁶			
Overall	2.2 (1.6, 2.9)	1.6 (1.2, 2.1)	14.8 (12.5, 17.5)	2.8 (2.4, 3.4)	5.0 (4.2, 6.0)	15.3 (13.8, 17.1)		
Gender								
Male	2.5 (1.7, 3.8)	2.3 (1.6, 3.3)	15.6 (13.3, 18.2)	2.5 (1.8, 3.3)	4.7 (3.8, 5.9)	16.2 (14.2, 18.4)		
Female	1.8 (1.3, 2.6)	0.8 (0.5, 1.3)	14.0 (10.4, 18.7)	3.2 (2.5, 4.1)	5.3 (4.1, 6.9)	14.5 (12.7, 16.6)		
Age (years)								
15-19	0.8 (0.3, 2.5)	1.3 (0.5, 3.4)	20.6 (9.8, 38.0)	1.9 (1.0, 3.5)	7.0 (4.3, 11.0)	16.7 (12.4, 22.2)		
20-39	2.3 (1.3, 3.6)	2.0 (1.3, 3.0)	15.7 (13.4, 18.4)	1.7 (1.0, 2.7)	5.0 (4.0, 6.4)	16.3 (14.2, 18.7)		
40-59	2.8 (2.0, 4.0)	1.3 (0.8, 2.1)	15.4 (12.8, 18.4)	3.7 (2.3, 4.5)	5.7 (4.3, 7.2)	16.2 (13.8, 18.9)		
60+	1.7 (0.8, 3.6)	1.2 (0.5, 2.8)	6.1 (4.3, 8.2)	3.2 (2.2, 4.6)	1.9 (1.4, 2.6)	9.6 (7.6, 12.1)		
Residence								
Urban	2.6 (1.9, 3.7)	1.9 (1.4, 2.7)	16.7 (14.6, 19.1)	3.1 (2.5, 3.8)	5.3 (4.3, 6.6)	16.8 (14.7, 19.0)		
Rural	1.2 (0.8, 1.7)	0.9 (0.5, 1.4)	11.7 (6.0, 21.9)	2.3 (1.7, 3.1)	4.3 (3.4, 5.5)	12.5 (10.4, 15.1)		
Indigenous	1.0 (0.7, 1.5)	0.2 (0.1, 0.5)	2.9 (2.1, 3.8)	2.2 (1.7, 2.9)	4.3 (3.3, 5.5)	9.3 (7.9, 11.0)		
Education Level ²								
NO formal education	0.9 (0.4, 2.2)	0.4 (0.2, 1.1)	4.0 (2.5, 6.5)	2.4 (1.6, 3.8)	3.0 (1.9, 4.7)	7.0 (5.3, 9.2)		
Primary	1.6 (1.0, 2.5)	0.6 (0.3, 1.2)	9.1 (7.2, 11.4)	3.2 (2.3, 4.5)	5.1 (4.0, 6.5)	14.5 (12.2, 17.1)		
Secondary	3.2 (1.8, 5.7)	1.6 (0.9, 2.8)	18.3 (15.1, 22.2)	2.8 (1.9, 4.1)	6.5 (4.8, 8.8)	18.8 (15.9, 22.0)		
High education	4.1 (2.7, 6.3)	4.1 (2.7, 6.3)	21.5 (17.7, 25.9)	2.9 (1.9, 4.5)	3.6 (2.3, 5.4)	15.3 (12.1, 19.1)		
Non-smokers	2.1 (1.6, 2.8)	1.4 (1.0, 1.9)	13.8 (11.5, 16.5)	2.8 (2.3, 3.3)	5.1 (4.2, 6.1)	14.6 (13.2, 16.3)		
Gender								
Male	2.5 (1.7, 3.7)	2.2 (1.4, 3.2)	14.3 (12.2, 16.8)	2.4 (1.8, 3.2)	5.0 (3.9, 6.3)	15.2 (13.3, 17.3)		
Female	1.8 (1.3, 2.5)	0.6 (0.4, 1.1)	13.3 (9.6, 18.1)	3.1 (2.4, 4.0)	5.2 (3.9, 6.7)	14.1 (12.3, 16.2)		
Age (years)								
15-19	0.8 (0.3, 2.6)	0.9 (0.3, 2.8)	20.9 (10.0, 38.7)	1.9 (1.0, 3.5)	6.9 (4.2, 11.0)	15.8 (11.5, 21.2)		
20-39	3.0 (2.1, 4.3)	1.7 (1.0, 2.7)	14.4 (12.1, 17.0)	2.7 (2.0, 3.7)	5.0 (3.9, 6.4)	15.2 (13.1, 17.6)		
40-59	3.0 (2.1, 4.2)	1.2 (0.7, 2.1)	13.8 (11.4, 16.6)	3.0 (2.1, 4.1)	5.9 (4.6, 7.5)	16.0 (13.7, 18.6)		
60+	1.8 (0.9, 3.8)	1.3 (0.6, 2.9)	5.9 (4.3, 8.0)	3.2 (2.2, 4.7)	2.0 (1.5, 2.8)	9.4 (7.3, 11.9)		
Residence								
Urban	2.6 (1.8, 3.5)	1.6 (1.1, 2.4)	15.3 (13.3, 17.6)	2.9 (2.3, 3.7)	5.4 (4.3, 6.8)	15.9 (13.9, 18.1)		
Rural	1.2 (0.8, 1.7)	0.9 (0.5, 1.5)	11.7 (5.8, 22.4)	2.3 (1.7, 3.2)	4.3 (3.3, 5.4)	12.3 (10.2, 14.7)		
Indigenous	1.1 (0.7, 1.6)	0.3 (0.1, 0.5)	2.7 (2.0, 3.7)	2.3 (1.7, 3.0)	4.2 (3.2, 5.5)	9.4 (7.9, 11.0)		
Education Level ²								
NO formal education	1.0 (0.4, 2.4)	0.4 (0.1, 1.2)	3.4 (2.1, 5.6)	2.6 (1.7, 4.2)	3.1 (1.9, 4.9)	7.2 (5.4, 9.5)		
Primary	1.6 (1.0, 2.5)	0.4 (0.2, 0.7)	7.7 (6.0, 9.7)	2.7 (2.0, 3.7)	5.1 (4.0, 6.6)	13.3 (11.1, 15.7)		
Secondary	2.8 (1.6, 5.1)	1.2 (0.6, 2.5)	16.0 (13.2, 19.4)	2.9 (1.9, 4.3)	6.6 (4.8, 9.0)	17.5 (14.6, 20.9)		
High education	4.2 (2.8, 6.4)	3.9 (2.4, 6.1)	20.6 (16.8, 25.1)	3.0 (2.0, 4.6)	3.6 (2.3, 5.5)	15.6 (12.4, 19.4)		

¹ Among all adults in the past 30 days.
² Education level is reported only among respondents 25+ years old.
³ For example, lawyer's office or private bank.
⁴ Includes parking lot, hallway, elevator, community area, rooftop or other common areas of public or private buildings like apartment complex or mall.
⁵ Includes public or private facilities.
⁶ Includes bus, taxi, metro bus, school bus or similar vehicles.
⁷ Includes bust stop, land transportation terminals, airports, ports and similar locations.

Table 6.3 (cont.): 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 Panama, 2013.										
Demographic Characteristics	Adults Exposed to Tobacco Smoke ¹ in...									
	Schools ³		Universities ⁴		Restaurants		Bars, nightclubs, casinos		Sport's facility ⁵	
Percentage (95% CI)										
Overall	1.3	(0.9, 1.8)	3.2	(2.3, 4.3)	5.9	(4.9, 7.0)	8.0	(6.9, 9.4)	8.8	(6.5, 11.7)
Gender										
Male	1.4	(0.9, 2.2)	3.7	(2.5, 5.5)	6.9	(5.4, 8.6)	9.9	(8.4, 11.7)	10.0	(7.7, 12.9)
Female	1.2	(0.7, 1.9)	2.6	(1.8, 3.8)	4.9	(3.9, 6.1)	6.2	(4.7, 8.1)	7.5	(4.2, 13.0)
Age (years)										
15-19	2.9	(1.4, 5.7)	3.3	(1.7, 6.4)	3.8	(2.3, 6.4)	3.7	(2.2, 6.1)	20.1	(9.4, 37.7)
20-39	1.2	(0.8, 1.8)	4.6	(3.2, 6.7)	6.2	(4.8, 8.0)	11.0	(9.0, 13.5)	9.5	(7.1, 12.8)
40-59	1.1	(0.5, 2.4)	2.1	(1.3, 3.4)	7.4	(5.8, 9.5)	8.4	(6.7, 10.5)	6.1	(4.6, 8.1)
60+	0.5	(0.2, 1.4)	1.1	(0.5, 2.2)	3.5	(2.2, 5.6)	2.6	(1.5, 4.2)	2.3	(1.4, 4.0)
Residence										
Urban	1.4	(0.9, 2.1)	4.1	(2.9, 5.7)	7.2	(5.9, 8.7)	9.8	(8.2, 11.7)	8.8	(6.7, 11.5)
Rural	0.9	(0.6, 1.3)	1.1	(0.7, 1.8)	3.1	(2.2, 4.2)	4.3	(3.4, 5.4)	9.8	(4.3, 21.0)
Indigenous	1.6	(1.1, 2.3)	0.6	(0.3, 1.0)	1.7	(1.2, 2.4)	2.2	(1.6, 2.9)	3.1	(2.4, 4.0)
Education Level ²										
No formal	0.7	(0.3, 1.4)	0.1	(0.0, 0.6)	1.9	(1.1, 3.2)	1.7	(1.2, 2.6)	2.7	(1.5, 4.8)
Primary	0.9	(0.6, 1.4)	0.5	(0.2, 1.3)	4.2	(2.8, 6.2)	7.8	(6.0, 9.9)	5.5	(3.7, 8.2)
Secondary	1.1	(0.6, 2.1)	2.1	(0.9, 5.1)	7.3	(5.5, 9.8)	10.2	(7.5, 13.7)	8.5	(5.9, 12.0)
High education	1.2	(0.5, 2.9)	7.7	(5.0, 11.6)	11.0	(8.4, 14.3)	11.6	(8.6, 15.4)	8.6	(6.1, 11.8)
Non-smokers	1.4	(1.0, 1.9)	3.2	(2.4, 4.3)	5.6	(4.6, 6.8)	7.1	(5.9, 8.4)	8.1	(5.9, 10.9)
Gender										
Male	1.6	(1.0, 2.4)	3.8	(2.5, 5.7)	6.5	(5.0, 8.4)	8.6	(7.2, 10.2)	8.9	(7.0, 11.3)
Female	1.2	(0.7, 1.9)	2.7	(1.8, 3.9)	4.8	(3.8, 6.0)	5.7	(4.3, 7.6)	7.2	(3.9, 13.0)
Age (years)										
15-19	3.0	(1.5, 5.9)	3.3	(1.7, 6.5)	3.9	(2.3, 6.5)	2.8	(1.6, 5.0)	19.9	(9.1, 38.1)
20-39	1.3	(0.8, 1.9)	4.6	(3.2, 6.5)	5.7	(4.3, 7.4)	9.8	(7.8, 12.2)	8.5	(6.4, 11.2)
40-59	1.2	(0.6, 2.6)	2.2	(1.4, 3.7)	7.2	(5.5, 9.3)	7.5	(5.8, 9.5)	5.1	(3.8, 6.8)
60+	0.5	(0.2, 1.5)	1.1	(0.5, 2.3)	3.6	(2.3, 5.8)	2.6	(1.5, 4.3)	2.3	(1.3, 4.1)
Residence										
Urban	1.5	(1.0, 2.3)	4.1	(3.0, 5.7)	6.9	(5.5, 8.5)	8.7	(7.2, 10.6)	7.8	(6.1, 9.8)
Rural	0.9	(0.7, 1.3)	1.2	(0.7, 1.9)	3.0	(2.2, 4.0)	3.6	(2.8, 4.6)	9.8	(4.1, 21.5)
Indigenous	1.6	(1.1, 2.4)	0.6	(0.3, 1.1)	1.7	(1.2, 2.4)	1.8	(1.3, 2.6)	2.7	(2.0, 3.6)
Education Level ²										
No formal	0.7	(0.3, 1.5)	0.2	(0.0, 0.6)	1.9	(1.0, 3.3)	1.4	(0.9, 2.2)	2.1	(1.2, 3.5)
Primary	0.9	(0.6, 1.5)	0.3	(0.1, 1.1)	2.9	(2.1, 4.0)	6.2	(4.7, 8.1)	4.3	(3.0, 6.0)
Secondary	1.2	(0.6, 2.3)	2.0	(0.9, 4.4)	7.2	(5.3, 9.7)	9.2	(6.6, 12.5)	7.0	(5.0, 9.8)
High education	1.3	(0.6, 3.0)	7.8	(5.0, 11.9)	11.2	(8.5, 14.6)	11.2	(8.2, 15.2)	8.2	(5.8, 11.4)

¹ Among all adults in the past 30 days.

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

³ Includes public or private primary or secondary schools.

⁴ Includes public or private universities.

⁵ Includes gym, stadium pool, soccer field and horse race track.

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 Panama, 2013.												
Demographic Characteristics	Adults Exposed to Tobacco Smoke ¹ in...											
	Government buildings or offices		Private buildings or offices ³		Common areas of a building ⁴		Health care facilities ⁵		Public transportation ⁶		Transport terminals ⁷	
Percentage (95% CI)												
Overall	8.6	(6.5, 11.2)	6.5	(4.8, 8.7)	39.1	(34.3, 44.1)	7.3	(6.1, 8.7)	8.2	(6.9, 9.6)	32.2	(29.1, 35.5)
Gender												
Male	9.5	(6.5, 13.9)	9.0	(6.4, 12.5)	40.7	(36.1, 45.5)	7.0	(5.3, 9.3)	8.0	(6.5, 10.0)	34.6	(30.7, 38.7)
Female	7.5	(5.4, 10.4)	3.7	(2.3, 5.8)	37.4	(29.5, 46.1)	7.5	(5.8, 9.8)	8.3	(6.4, 10.7)	30.0	(26.0, 34.3)
Age (years)												
15-19	5.3	(1.7, 15.0)	6.4	(1.7, 21.0)	53.8	(32.5, 73.9)	5.1	(2.4, 10.5)	9.5	(5.8, 15.3)	27.7	(19.0, 38.5)
20-39	8.9	(5.8, 13.4)	7.6	(5.0, 11.2)	37.1	(32.0, 42.4)	7.2	(5.3, 9.7)	7.8	(6.2, 9.8)	32.3	(28.4, 36.4)
40-59	9.2	(6.6, 12.7)	5.1	(3.1, 8.1)	40.3	(35.0, 45.8)	8.0	(5.8, 11.0)	9.9	(7.9, 12.3)	36.2	(31.8, 40.7)
60+	7.9	(3.9, 15.1)	6.3	(2.9, 13.2)	25.3	(19.3, 32.5)	8.0	(5.5, 11.4)	3.8	(2.8, 5.1)	28.3	(22.6, 34.8)
Residence												
Urban	9.0	(6.5, 12.2)	6.8	(5.0, 9.3)	38.1	(34.0, 42.5)	7.9	(6.4, 9.7)	8.3	(6.8, 10.2)	33.4	(29.9, 37.1)
Rural	6.5	(4.7, 9.1)	5.0	(2.5, 9.6)	43.2	(26.3, 61.7)	5.8	(4.0, 8.2)	7.1	(5.5, 9.2)	27.6	(21.5, 34.5)
Indigenous	12.6	(8.7, 17.9)	13.2	(6.4, 25.3)	41.6	(33.5, 50.2)	7.4	(5.7, 9.6)	16.3	(12.7, 20.5)	44.2	(39.2, 49.4)
Education Level ²												
No formal education	8.5	(3.6, 18.9)	6.5	(2.3, 17.1)	29.9	(19.8, 42.4)	7.5	(4.7, 11.6)	6.4	(4.0, 10.0)	23.2	(17.7, 29.9)
Primary	8.3	(5.3, 12.7)	4.1	(2.2, 7.3)	29.0	(24.0, 34.7)	9.0	(6.4, 12.4)	7.9	(6.2, 10.0)	31.3	(26.7, 36.2)
Secondary	10.5	(5.9, 17.9)	6.0	(3.3, 10.6)	42.7	(36.6, 49.0)	6.9	(4.7, 9.9)	9.6	(7.1, 12.8)	35.3	(30.5, 40.5)
High education	9.0	(5.9, 13.5)	7.9	(5.2, 11.9)	39.4	(33.2, 46.0)	6.1	(4.0, 9.1)	8.0	(5.4, 11.6)	40.7	(34.5, 47.3)
Non-smokers	8.4	(6.5, 10.9)	5.8	(4.2, 8.0)	37.1	(32.0, 42.4)	7.1	(5.9, 8.4)	8.2	(6.9, 9.8)	31.0	(28.0, 34.2)
Gender												
Male	9.5	(6.5, 13.6)	8.5	(5.8, 12.4)	38.0	(33.5, 42.7)	6.8	(5.2, 9.0)	8.5	(6.8, 10.6)	33.0	(29.2, 37.1)
Female	7.3	(5.3, 10.0)	2.9	(1.8, 4.8)	36.2	(27.9, 45.4)	7.2	(5.5, 9.4)	8.0	(6.1, 10.5)	29.2	(25.3, 33.5)
Age (years)												
15-19	5.3	(1.7, 15.2)	4.5	(1.0, 17.4)	54.3	(32.8, 74.4)	5.1	(2.3, 10.7)	9.4	(5.7, 15.2)	26.5	(17.8, 37.4)
20-39	8.0	(5.4, 11.6)	6.6	(4.1, 10.4)	34.7	(29.5, 40.3)	7.1	(5.2, 9.5)	7.7	(6.0, 9.9)	30.2	(26.2, 34.5)
40-59	9.7	(6.9, 13.5)	4.8	(2.9, 7.9)	36.8	(31.8, 42.2)	7.4	(5.4, 10.0)	10.2	(8.1, 12.9)	36.1	(32.0, 40.3)
60+	8.3	(4.2, 16.0)	6.7	(3.1, 14.0)	24.8	(18.7, 32.1)	8.0	(5.5, 11.5)	4.0	(3.0, 5.4)	28.3	(22.5, 34.9)
Residence												
Urban	8.8	(6.5, 11.8)	6.0	(4.2, 8.5)	35.6	(31.4, 40.0)	7.5	(6.0, 9.3)	8.5	(6.8, 10.5)	32.0	(28.6, 35.7)
Rural	6.6	(4.7, 9.2)	4.9	(2.4, 9.7)	43.4	(25.9, 62.7)	5.8	(4.1, 8.3)	7.0	(5.4, 9.1)	26.9	(20.9, 33.8)
Indigenous	13.0	(8.9, 18.5)	13.8	(6.7, 26.5)	39.9	(31.6, 48.8)	7.5	(5.8, 9.8)	16.2	(12.5, 20.7)	44.5	(39.5, 49.7)
Education Level ²												
No formal education	9.0	(3.7, 20.4)	5.9	(1.9, 17.1)	26.1	(16.8, 38.2)	8.0	(5.0, 12.3)	6.6	(4.1, 10.5)	23.9	(18.1, 30.8)
Primary	8.4	(5.4, 12.8)	2.9	(1.6, 5.0)	25.8	(20.8, 31.6)	7.5	(5.5, 10.2)	8.1	(6.2, 10.4)	29.6	(25.3, 34.4)
Secondary	9.4	(5.4, 16.1)	4.8	(2.4, 9.6)	38.6	(32.7, 44.9)	6.9	(4.6, 10.0)	9.7	(7.1, 13.1)	33.1	(28.0, 38.5)
High education	9.2	(6.0, 13.8)	7.5	(4.8, 11.7)	37.8	(31.4, 44.6)	6.2	(4.1, 9.3)	8.0	(5.4, 11.7)	41.4	(35.1, 47.9)

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

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

³ For example, lawyer's office or private bank.

⁴ Includes parking lot, hallway, elevator, community area, rooftop or other common areas of public or private buildings like apartment complex or mall.

⁵ Includes public or private facilities.

⁶ Includes bus, taxi, metro bus, school bus or similar vehicles.

⁷ Includes bust stop, land transportation terminals, airports, ports and similar locations.

Table 6.4 (cont.): 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 Panama, 2013.										
Demographic Characteristics	Adults Exposed to Tobacco Smoke ¹ in...									
	Schools ³		Universities ⁴		Restaurants		Bars, nightclubs, casinos		Sport's facility ⁵	
Percentage (95% CI)										
Overall	4.9	(3.5, 6.7)	26.3	(19.4, 34.7)	12.4	(10.5, 14.7)	48.0	(43.5, 52.6)	38.9	(31.1, 47.3)
Gender										
Male	6.2	(4.1, 9.4)	33.3	(24.7, 43.3)	14.0	(11.2, 17.4)	48.6	(43.3, 53.9)	37.6	(30.7, 45.2)
Female	3.8	(2.3, 6.3)	20.4	(12.6, 31.2)	10.8	(8.5, 13.6)	47.2	(39.8, 54.7)	40.6	(26.7, 56.3)
Age (years)										
15-19	6.0	(2.8, 12.3)	12.8	(5.0, 29.0)	8.8	(4.7, 16.1)	48.7	(31.4, 66.3)	53.7	(32.1, 74.0)
20-39	4.4	(2.9, 6.6)	34.0	(25.6, 43.4)	12.1	(9.4, 15.4)	47.2	(41.1, 53.3)	36.1	(28.5, 44.4)
40-59	4.6	(2.2, 9.3)	24.6	(16.9, 34.3)	14.8	(11.6, 18.8)	50.6	(43.8, 57.5)	33.3	(26.1, 41.5)
60+	5.1	(1.8, 13.7)	35.8	(17.9, 58.7)	10.6	(6.7, 16.4)	42.5	(27.6, 58.9)	31.7	(19.4, 47.1)
Residence										
Urban	5.8	(3.9, 8.6)	31.3	(24.4, 39.2)	13.1	(10.8, 15.8)	48.0	(42.8, 53.2)	35.1	(28.1, 42.8)
Rural	2.9	(1.9, 4.3)	10.3	(4.1, 23.6)	9.2	(6.3, 13.3)	47.4	(39.9, 55.1)	54.1	(32.4, 74.4)
Indigenous	4.9	(3.4, 6.9)	17.5	(9.9, 29.0)	15.9	(11.8, 21.2)	60.7	(50.4, 70.2)	31.9	(25.9, 38.6)
Education Level ²										
No formal education	4.4	(2.2, 8.8)	29.9	(9.1, 64.6)	11.3	(6.9, 17.9)	59.9	(46.0, 72.4)	45.8	(27.9, 64.8)
Primary	3.8	(2.4, 6.0)	14.9	(5.8, 33.5)	11.5	(8.0, 16.3)	52.5	(44.1, 60.8)	40.7	(29.9, 52.5)
Secondary	4.5	(2.4, 8.3)	27.9	(13.2, 49.8)	13.3	(9.9, 17.5)	52.1	(42.9, 61.1)	38.4	(28.6, 49.3)
High education	4.6	(2.0, 10.3)	35.4	(25.6, 46.7)	14.7	(11.2, 19.0)	41.6	(33.6, 50.0)	28.6	(20.3, 38.7)
Non-smokers	5.0	(3.6, 6.9)	26.0	(19.2, 34.2)	12.0	(10.0, 14.4)	45.8	(41.0, 50.6)	37.2	(29.4, 45.9)
Gender										
Male	6.6	(4.3, 9.9)	32.4	(23.6, 42.6)	13.6	(10.6, 17.2)	45.5	(39.9, 51.1)	35.0	(28.8, 41.8)
Female	3.9	(2.4, 6.4)	20.6	(12.7, 31.7)	10.5	(8.3, 13.3)	46.1	(38.8, 53.7)	40.1	(25.6, 56.6)
Age (years)										
15-19	6.0	(2.8, 12.5)	12.7	(5.0, 28.9)	9.0	(4.7, 16.5)	41.8	(25.1, 60.6)	53.2	(31.0, 74.1)
20-39	4.7	(3.1, 7.0)	33.4	(25.7, 42.2)	11.3	(8.7, 14.5)	45.5	(39.2, 52.1)	34.0	(27.0, 41.6)
40-59	4.7	(2.3, 9.6)	25.1	(17.3, 34.9)	14.5	(11.3, 18.5)	47.6	(40.5, 54.9)	29.6	(23.1, 37.0)
60+	5.5	(1.9, 14.7)	36.0	(18.0, 59.0)	11.1	(7.0, 17.2)	42.1	(26.9, 58.9)	33.4	(20.2, 49.8)
Residence										
Urban	6.1	(4.1, 9.0)	31.0	(24.4, 38.5)	12.7	(10.3, 15.5)	45.9	(40.5, 51.4)	32.6	(26.6, 39.3)
Rural	2.9	(1.9, 4.5)	10.3	(4.0, 23.7)	9.0	(6.2, 12.9)	43.8	(36.0, 51.9)	54.4	(31.8, 75.3)
Indigenous	5.0	(3.4, 7.1)	18.7	(10.7, 30.6)	16.2	(11.8, 21.8)	59.3	(47.6, 70.0)	29.7	(23.5, 36.8)
Education Level ²										
No formal education	4.6	(2.3, 9.3)	29.9	(9.1, 64.6)	11.7	(6.7, 19.7)	56.2	(40.1, 71.1)	46.4	(30.9, 62.6)
Primary	3.9	(2.4, 6.2)	10.3	(3.3, 27.6)	8.2	(6.0, 11.2)	47.1	(38.0, 56.3)	35.6	(26.4, 46.1)
Secondary	4.9	(2.6, 8.9)	26.3	(13.4, 45.3)	13.3	(9.8, 17.7)	50.7	(41.1, 60.3)	35.1	(25.8, 45.7)
High education	4.7	(2.0, 10.4)	35.4	(25.4, 46.9)	15.0	(11.4, 19.5)	42.2	(34.1, 50.7)	27.6	(19.4, 37.7)

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

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

³ Includes public or private primary or secondary schools.

⁴ Includes public or private universities.

⁵ Includes gym, stadium pool, soccer field and horse race track.

Table 6.5: Rules of smoking in the home among adults >=15, by smoking status — GATS Panama, 2013.

Rules in the Home	Overall		Current smokers		Non-smokers	
	Allowed	2.6	(2.1, 3.3)	20.2	(14.4, 27.5)	1.5
Not allowed, but exceptions	7.5	(6.7, 8.3)	13.4	(9.4, 18.7)	7.1	(6.3, 8.0)
Never allowed	84.6	(83.3, 85.8)	55.5	(47.6, 63.2)	86.5	(85.3, 87.6)
No rules	5.2	(4.5, 6.1)	10.9	(7.5, 15.6)	4.9	(4.2, 5.7)

Table 6.6: Rules of smoking at work among adults >=15 whose workplace has indoor areas, by smoking status — GATS Panama, 2013.

Rules in the Home	Overall		Current smokers		Non-smokers	
	Allowed anywhere	0.8	(0.5, 1.4)	1.8	(0.5, 5.9)	0.8
Allowed only in some indoor areas	2.5	(1.8, 3.5)	5.8	(2.3, 14.0)	2.2	(1.6, 3.2)
Not allowed in any indoor areas	93.5	(91.8, 95.0)	90.5	(80.5, 95.7)	93.8	(92.0, 95.2)
There is no policy	3.1	(2.2, 4.4)	1.8	(0.8, 4.2)	3.2	(2.2, 4.7)

Table 7.1: Percentage of current manufactured cigarette smokers ≥15 years old, by last brand purchased and selected demographic characteristics – GATS Panama, 2013.										
Demographic Characteristics	Last cigarette brand purchased									
	Viceroy		Marlboro		Other		Kool		Mentolado	
	Percentage (95% CI)									
Overall	30.1	(23.4, 37.7)	21.0	(15.0, 28.7)	15.1	(10.0, 22.1)	13.8	(10.0, 18.8)	10.6	(4.8, 21.9)
Gender										
Male	31.3	(23.6, 40.2)	18.5	(12.6, 26.4)	15.2	(9.5, 23.5)	12.3	(8.3, 17.8)	11.9	(5.8, 22.9)
Female	26.0	(16.3, 38.9)	29.3	(16.0, 47.3)	14.5	(6.9, 28.0)	18.8	(9.5, 33.8)	6.4	(1.4, 25.2)
Age (years)										
15-19	34.8	(8.6, 75.2)	12.1	(2.4, 43.4)	6.0	(1.6, 20.2)	8.7	(2.6, 25.2)	29.7	(7.5, 68.7)
20-39	29.6	(21.4, 39.5)	27.1	(17.1, 40.3)	8.7	(3.9, 18.5)	12.0	(6.9, 20.2)	12.9	(4.5, 31.8)
40-59	35.7	(23.9, 49.6)	14.9	(7.7, 26.8)	19.2	(11.7, 29.8)	13.6	(6.5, 26.5)	5.5	(1.2, 21.7)
60+	12.5	(6.1, 23.9)	15.7	(7.1, 31.2)	35.1	(18.2, 56.8)	24.9	(8.8, 53.2)	7.9	(3.0, 19.2)
Residence										
Urban	27.5	(20.0, 36.6)	22.6	(15.3, 32.1)	13.7	(8.1, 22.4)	16.1	(11.4, 22.2)	10.8	(4.2, 25.2)
Rural	42.4	(30.5, 55.2)	16.4	(9.8, 26.1)	21.3	(13.4, 32.0)	3.7	(1.7, 8.2)	5.7	(2.6, 12.2)
Indigenous	40.5	(30.7, 51.1)	6.4	(3.2, 12.3)	21.0	(13.3, 31.5)	1.4	(0.5, 3.7)	21.1	(13.8, 30.9)
Education Level ¹										
No formal education	23.8	(12.1, 41.5)	4.5	(1.8, 11.2)	23.3	(11.3, 41.9)	13.2	(5.0, 30.5)	29.5	(13.5, 52.7)
Primary	39.3	(22.8, 58.7)	13.1	(6.7, 23.9)	19.2	(10.4, 32.6)	15.4	(8.1, 27.3)	2.3	(0.8, 6.6)
Secondary	24.1	(14.3, 37.8)	23.8	(14.3, 36.7)	14.2	(5.8, 30.7)	12.2	(5.9, 23.4)	14.2	(4.9, 34.9)
High education	18.6	(6.2, 44.3)	47.7	(24.1, 72.3)	1.4	(0.3, 6.1)	20.7	(6.9, 47.8)	1.2	(0.2, 8.5)
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 25 years old, by the source of last purchase of cigarettes and selected demographic characteristics – GATS Panama, 2013.

Source	Overall		Gender				Age (years)				Residence						
			Male		Female		15-17		18-20		21+		Urban	Rural	Indigenous		
Vending machine	0.1	(0.0,0.8)	0.1	(0.0,1.1)	0.0	(0.0,0.3)	*	0.2	(0.0,1.6)	0.1	(0.0,0.9)	0.1	(0.0,1.0)	0.1	(0.0,0.4)	0.0	
Store or small super	56.0	(47.2,64.5)	55.6	(45.9,64.9)	57.5	(41.9,71.7)	*	48.7	(18.1,80.3)	57.7	(48.4,66.6)	54.8	(44.4,64.8)	59.1	(48.5,69.0)	70.3	(62.0,77.5)
Supermarkets	8.8	(4.9,15.1)	9.0	(4.6,16.9)	7.9	(3.6,16.3)	*	6.6	(1.7,22.5)	9.2	(5.1,15.8)	8.7	(4.3,16.6)	10.5	(6.5,19.0)	5.5	(2.6,11.3)
Restaurant	0.4	(0.1,2.2)	0.5	(0.1,2.9)	0.0		*	0.0		0.4	(0.1,2.4)	0.4	(0.1,2.8)	0.0		0.4	(0.1,3.1)
Drugs Store	0.0		0.0		0.0		*	0.0		0.0		0.0		0.0		0.0	
Street vendor	23.9	(16.3,33.7)	25.3	(17.3,35.6)	19.1	(9.4,34.9)	*	31.3	(12.1,60.1)	23.2	(15.7,33.0)	25.9	(17.1,37.4)	17.1	(11.2,25.1)	6.0	(2.7,12.9)
Military store	0.1	(0.0,0.6)	0.1	(0.0,0.7)	0.0		*	0.0		0.1	(0.0,0.6)	0.1	(0.0,0.7)	0.0		0.0	
Duty-free shop	0.5	(0.2,1.3)	0.7	(0.3,1.7)	0.0	(0.0,0.1)	*	0.4	(0.1,3.5)	0.5	(0.2,1.4)	0.4	(0.1,1.5)	0.1	(0.0,1.0)	3.4	(1.7,6.5)
Outside the country	0.1	(0.0,0.4)	0.0		0.2	(0.0,1.6)	*	0.0		0.1	(0.0,0.4)	0.0		0.4	(0.1,2.8)	0.0	
Kiosks	1.2	(0.6,2.4)	1.4	(0.7,2.8)	0.6	(0.1,2.7)	*	9.3	(2.2,31.8)	0.8	(0.4,1.7)	0.4	(0.1,1.2)	5.5	(2.4,12.5)	4.6	(2.1,9.7)
Newspaper kiosks	1.8	(0.3,11.0)	2.3	(0.3,13.7)	0.0		*	0.0		1.9	(0.3,11.7)	2.1	(0.3,13.0)	0.0		0.0	
Internet	0.0		0.0		0.0		*	0.0		0.0		0.0		0.0		0.0	
From another person	1.3	(0.3,4.9)	0.6	(0.2,1.4)	3.8	(0.5,22.2)	*	0.0		1.4	(0.4,5.3)	1.2	(0.2,6.5)	1.5	(0.3,6.4)	2.3	(0.9,6.1)
Other	5.9	(2.7,12.2)	4.4	(1.8,10.5)	10.8	(3.0,32.4)	*	3.4	(0.5,20.2)	4.6	(1.8,10.9)	5.8	(2.3,14.0)	5.6	(1.8,16.1)	7.5	(4.0,13.4)
Total	100		100		100		100	100		100		100	100	100		100	100

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

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

Demographic Characteristics	Cigarette expenditure per month (currency)	
	Average (95% CI)	
Overall	72.6	(38.2, 106.9)
<i>Gender</i>		
Male	78.5	(35.0, 121.9)
Female	52.2	(6.4, 98.1)
<i>Age (years)</i>		
15-19	*	
20-39	49.7	(20.9, 78.5)
40-59	116.9	(18.8, 215.1)
60+	42.4	(4.7, 80.1)
<i>Residence</i>		
Urban	78.8	(38.3, 119.3)
Rural	48.3	(20.7, 76.0)
Indigenous	25.6	(9.8, 41.4)
<i>Education Level¹</i>		
No formal education	25.9	(10.3, 41.5)
Primary	87.6	(-8.5, 183.7)
Secondary	76.1	(23.6, 128.7)
High education	68.6	(20.1, 117.2)
¹ Education level is reported only among respondents 25+		
* Indicates estimate based on less than 25 unweighted cases and has been suppressed.		

Table 7.4: Percentage of current manufactured cigarette smokers >= 15 years old who think they could purchase single cigarettes at various places, by selected demographic characteristics — GATS Panama, 2013.

Demographic Characteristics	Adults who think they can purchase single cigarettes at the following places...										
	Sidewalks	Overpasses	Stores or Kiosks	Neighborhood	Mail	Bus Stops	Family or Friends	Other			
Percentage (95% CI)											
Overall	55.7 (44.9, 66.0)	37.7 (25.7, 51.3)	72.1 (62.7, 79.9)	62.5 (51.3, 72.5)	23.5 (18.1, 29.9)	50.5 (40.1, 60.9)	36.2 (28.6, 44.5)	8.6 (4.6, 15.3)			
Gender											
Male	58.5 (47.4, 68.8)	34.8 (22.6, 49.5)	72.5 (62.3, 80.8)	63.1 (51.3, 73.6)	24.6 (17.8, 33.0)	50.2 (39.4, 60.9)	37.6 (28.8, 47.3)	9.0 (4.4, 17.8)			
Female	46.4 (30.4, 63.3)	47.2 (30.9, 64.1)	70.6 (53.6, 83.3)	60.5 (43.4, 75.4)	19.9 (10.5, 34.2)	51.8 (34.3, 68.9)	31.5 (20.8, 44.5)	6.9 (2.4, 18.3)			
Age (years)											
15-19	70.8 (42.9, 88.6)	21.8 (4.8, 60.7)	71.8 (33.7, 92.7)	43.8 (16.8, 75.0)	30.3 (9.1, 65.4)	34.6 (10.3, 71.0)	36.2 (11.3, 71.8)	5.7 (1.6, 18.6)			
20-39	55.7 (42.0, 68.5)	39.7 (24.8, 56.9)	76.2 (62.8, 85.9)	62.3 (47.5, 75.1)	25.0 (17.7, 34.1)	51.4 (35.3, 67.3)	38.5 (28.3, 49.8)	9.7 (4.2, 20.7)			
40-59	53.6 (40.1, 66.5)	35.6 (21.1, 53.2)	68.8 (55.5, 79.6)	64.7 (50.4, 76.9)	25.2 (15.8, 37.8)	52.9 (40.5, 64.9)	27.6 (15.9, 43.4)	7.6 (2.2, 22.6)			
60+	54.9 (36.0, 72.5)	42.9 (22.9, 65.5)	63.8 (44.3, 79.6)	66.3 (50.0, 79.5)	8.2 (3.9, 16.3)	47.3 (27.3, 68.3)	52.3 (33.3, 70.7)	8.0 (1.3, 36.6)			
Residence											
Urban	63.0 (51.2, 73.4)	43.6 (29.9, 58.3)	73.8 (62.4, 82.7)	67.0 (54.2, 77.8)	21.7 (15.7, 29.3)	57.7 (46.2, 68.3)	37.2 (28.3, 47.0)	9.6 (4.9, 18.0)			
Rural	24.8 (16.2, 36.1)	12.1 (6.7, 20.7)	65.1 (54.1, 74.7)	41.1 (30.7, 52.3)	36.0 (24.6, 49.3)	19.8 (12.4, 30.2)	30.2 (19.8, 43.1)	4.0 (1.7, 9.1)			
Indigenous	16.2 (11.2, 22.7)	6.9 (3.7, 12.6)	61.9 (52.1, 70.8)	44.9 (35.4, 54.7)	18.3 (10.9, 29.2)	12.9 (8.1, 19.8)	36.6 (27.4, 46.8)	2.9 (1.4, 6.1)			
Education Level ¹											
No formal education	42.1 (26.5, 59.4)	33.8 (11.8, 66.1)	53.0 (38.9, 66.5)	60.4 (39.7, 78.0)	23.8 (9.8, 47.4)	38.0 (15.5, 67.2)	21.1 (10.7, 37.4)	21.5 (8.3, 45.2)			
Primary	60.4 (46.6, 72.8)	43.1 (27.4, 60.2)	80.4 (68.2, 88.7)	77.4 (63.0, 87.4)	22.2 (13.3, 34.6)	55.0 (39.3, 69.7)	42.9 (27.4, 59.9)	3.3 (1.2, 8.8)			
Secondary	69.1 (54.9, 80.5)	50.0 (33.8, 66.2)	70.3 (51.8, 83.9)	63.0 (46.4, 77.0)	25.4 (15.3, 39.1)	62.0 (45.3, 76.3)	35.8 (24.0, 49.7)	11.1 (3.8, 28.2)			
High education	35.4 (13.4, 65.9)	10.0 (3.0, 28.7)	67.7 (44.4, 84.7)	37.5 (15.5, 66.2)	12.0 (4.1, 30.5)	53.7 (27.4, 78.1)	41.3 (16.7, 71.1)	1.5 (0.3, 6.6)			

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

Table 7.5: Percentage of current manufactured cigarette smokers >= 15 years old who think they could purchase contraband cigarettes at various places, by selected demographic characteristics – GATS Panama, 2013.

Demographic	Adults who think they can purchase contraband or bootleg cigarettes at the following places...																	
	Stoptlights	Sidewalks	Overpasses	Stores or Kiosks	Neighborhood	Mall	Bus Stops	Family or Friends	Other	Stoptlights	Sidewalks	Overpasses	Stores or Kiosks	Neighborhood	Mall	Bus Stops	Family or Friends	Other
Characteristics	Percentage (95% CI)																	
Overall	19.2	(12.9, 27.6)	49.7	(37.3, 62.2)	36.6	(27.0, 47.5)	40.6	(33.6, 48.1)	59.4	(48.0, 70.0)	10.4	(6.4, 16.4)	49.2	(37.6, 61.0)	31.6	(23.8, 40.7)	6.6	(3.3, 12.6)
Gender																		
Male	16.8	(9.7, 27.6)	51.8	(38.7, 64.6)	32.8	(23.9, 43.2)	42.8	(34.7, 51.4)	62.3	(50.6, 72.7)	12.2	(7.3, 19.8)	49.2	(37.0, 61.4)	32.5	(23.3, 43.4)	5.7	(2.3, 13.3)
Female	27.1	(16.4, 41.5)	42.7	(26.8, 60.3)	49.4	(31.9, 67.0)	33.3	(20.2, 49.5)	49.8	(32.9, 66.8)	4.3	(1.4, 12.4)	49.5	(31.9, 67.1)	28.5	(17.5, 43.0)	9.4	(3.5, 23.1)
Age (years)																		
15-19	3.3	(0.8, 13.4)	46.8	(17.6, 78.3)	20.4	(4.1, 60.6)	10.9	(3.7, 27.7)	58.8	(26.2, 85.2)	5.0	(0.9, 22.7)	24.5	(6.1, 61.7)	15.1	(5.6, 34.8)	1.4	(0.3, 6.5)
20-39	22.3	(15.1, 31.5)	45.6	(30.8, 61.2)	36.7	(24.7, 50.6)	43.5	(33.1, 54.4)	60.8	(46.1, 73.7)	8.8	(4.8, 15.5)	54.3	(38.5, 69.3)	32.5	(22.8, 44.0)	10.8	(5.0, 22.0)
40-59	18.8	(9.6, 33.5)	53.8	(38.4, 68.5)	35.5	(21.9, 52.0)	36.7	(25.4, 49.7)	56.1	(40.8, 70.4)	16.0	(7.7, 30.2)	50.0	(36.2, 63.8)	28.7	(16.6, 44.8)	3.1	(0.7, 12.1)
60+	14.6	(4.4, 38.8)	57.2	(39.2, 73.4)	48.0	(28.9, 67.7)	54.9	(35.3, 73.1)	63.8	(46.0, 78.4)	3.2	(1.0, 10.3)	36.6	(18.3, 59.8)	45.1	(26.3, 65.5)	0.2	(0.0, 0.7)
Residence																		
Urban	21.8	(14.2, 31.9)	57.7	(43.9, 70.4)	43.0	(32.2, 54.4)	42.6	(34.3, 51.3)	65.7	(53.0, 76.5)	9.7	(5.3, 17.3)	55.8	(42.8, 68.1)	33.6	(24.5, 44.1)	7.5	(3.6, 15.0)
Rural	9.6	(4.9, 17.8)	14.2	(8.3, 23.2)	9.1	(4.9, 16.2)	32.1	(23.0, 42.8)	31.6	(21.5, 43.8)	15.6	(8.6, 26.5)	21.9	(13.0, 34.4)	22.6	(14.7, 33.2)	2.8	(1.0, 7.8)
Indigenous	1.5	(0.5, 4.1)	9.8	(5.7, 16.4)	2.9	(1.3, 6.4)	30.8	(23.7, 39.1)	27.8	(19.5, 38.1)	6.2	(3.3, 11.3)	9.7	(4.0, 21.8)	22.8	(16.7, 30.2)	1.4	(0.5, 4.0)
Education Level ¹																		
No formal education	11.4	(2.0, 44.8)	34.0	(12.0, 66.1)	32.2	(10.5, 65.8)	34.1	(22.9, 47.4)	58.4	(37.5, 76.6)	4.9	(2.1, 11.1)	26.5	(11.2, 50.9)	12.1	(6.2, 22.4)	0.8	(0.2, 3.3)
Primary	20.7	(9.6, 39.0)	62.3	(44.8, 77.1)	48.9	(31.7, 66.4)	53.4	(41.2, 65.3)	68.0	(49.8, 82.1)	15.3	(7.9, 27.5)	59.8	(45.1, 72.9)	46.7	(31.5, 62.6)	0.7	(0.1, 3.6)
Secondary	25.0	(13.4, 41.9)	53.4	(37.2, 68.9)	38.4	(26.1, 52.5)	32.5	(21.0, 46.5)	59.6	(43.9, 73.6)	10.4	(4.2, 23.5)	55.0	(37.7, 71.1)	29.9	(18.0, 45.3)	13.4	(5.3, 29.9)
High education	17.0	(5.0, 44.5)	43.6	(18.9, 72.0)	21.7	(7.6, 48.3)	48.7	(22.6, 75.4)	46.2	(20.6, 73.9)	4.2	(1.0, 15.5)	52.0	(25.9, 77.1)	20.6	(5.6, 53.2)	7.2	(1.2, 32.6)

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

**Table 7.6: Percentage of current manufactured cigarette smokers
 >= 15 years old who purchased illegal cigarettes, by selected
 demographic characteristics — GATS Panama, 2013.**

Demographic Characteristic	Illegal cigarette purchase ¹	
	Percentage (95% CI)	
Overall	36.3	(28.5, 45.0)
Gender		
Male	39.1	(30.5, 48.4)
Female	27.2	(16.3, 41.8)
Age (years)		
15-19	44.9	(15.3, 78.6)
20-39	34.3	(25.3, 44.5)
40-59	37.5	(22.8, 55.0)
60+	38.3	(19.9, 60.8)
Residence		
Urban	37.3	(27.9, 47.8)
Rural	31.3	(22.5, 41.7)
Indigenous	34.0	(24.6, 44.8)
Education Level ²		
No formal education	40.3	(18.4, 66.9)
Primary	39.0	(25.2, 54.7)
Secondary	40.2	(24.9, 57.7)
High education	14.2	(4.7, 35.6)

¹ Defined as purchasing cigarette packs that did not have any pictorial health warnings.

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

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 Panama, 2013.

Places	Overall		Gender		Age (years)				Residence							
		Male	Female	15-17	18-20	21+	Urban	Rural	Indigenous	Percentage (95% CI)						
Overall																
In newspapers or in magazines	46.8	(44.2, 49.5)	46.1	(43.2, 49.1)	47.5	(44.1, 51.0)	40.5	(33.7, 47.7)	56.1	(43.4, 68.1)	46.4	(44.0, 48.8)	46.5	(41.2, 51.8)	36.9	(34.2, 39.8)
On television or the radio	56.7	(53.9, 59.3)	55.7	(52.6, 58.7)	57.6	(54.3, 60.9)	52.1	(44.5, 59.7)	64.4	(52.3, 74.8)	56.2	(53.7, 58.7)	64.2	(59.8, 68.3)	48.3	(45.4, 51.3)
On television	49.7	(47.0, 52.4)	48.2	(45.2, 51.1)	51.3	(47.8, 54.7)	45.0	(37.9, 52.4)	58.6	(45.7, 70.3)	49.2	(46.7, 51.7)	51.4	(48.1, 54.7)	19.6	(17.2, 22.1)
On the radio	37.2	(34.8, 39.7)	37.4	(34.8, 40.1)	37.1	(33.6, 40.7)	31.2	(25.4, 37.7)	45.0	(30.7, 60.1)	36.9	(34.8, 39.1)	32.4	(29.9, 35.0)	49.1	(43.9, 54.4)
On billboards	27.2	(24.7, 30.0)	26.2	(23.8, 28.8)	28.2	(24.4, 32.5)	22.0	(16.9, 28.1)	36.2	(21.2, 54.5)	26.7	(24.6, 29.0)	29.5	(26.7, 32.5)	24.9	(18.6, 32.4)
Somewhere else	8.8	(6.7, 11.5)	8.9	(7.2, 11.0)	8.7	(5.3, 13.9)	10.2	(6.5, 15.7)	22.6	(8.3, 48.5)	7.3	(6.1, 8.7)	9.0	(7.3, 11.0)	9.4	(4.0, 20.8)
Any Location	66.6	(63.9, 69.2)	66.2	(63.0, 69.3)	67.0	(63.8, 70.2)	62.6	(54.9, 70.0)	72.7	(62.4, 81.0)	66.3	(63.7, 68.8)	65.8	(62.3, 69.2)	70.6	(66.6, 74.3)
Current smokers ¹																
In newspapers or in magazines	42.2	(32.8, 52.2)	42.2	(32.1, 52.9)	42.4	(27.7, 58.6)	*		64.2	(35.9, 85.2)	41.8	(32.4, 51.9)	40.9	(29.5, 53.4)	50.9	(41.2, 60.5)
On television or the radio	53.3	(41.4, 64.9)	53.7	(41.1, 65.9)	52.0	(35.9, 67.7)	*		75.4	(48.5, 90.9)	53.1	(41.2, 64.8)	50.4	(36.2, 64.6)	70.6	(60.8, 78.8)
On television	47.5	(36.4, 58.8)	48.4	(36.7, 60.2)	44.6	(29.2, 61.1)	*		59.6	(29.7, 83.7)	47.8	(36.6, 59.2)	47.8	(34.0, 61.9)	54.8	(43.7, 65.4)
On the radio	37.1	(29.0, 45.9)	35.7	(27.2, 45.2)	41.6	(28.5, 56.1)	*		70.8	(43.4, 88.4)	35.9	(28.1, 44.6)	33.3	(24.1, 43.9)	54.0	(44.3, 63.5)
On billboards	26.8	(18.8, 36.5)	24.9	(17.4, 34.4)	33.0	(19.5, 49.9)	*		27.6	(11.2, 53.7)	27.4	(19.1, 37.5)	29.8	(19.7, 42.4)	19.5	(12.3, 29.5)
Somewhere else	10.0	(5.9, 16.4)	11.0	(6.3, 18.3)	6.7	(2.3, 18.1)	*		1.3	(0.2, 7.4)	10.6	(6.3, 17.4)	11.2	(6.2, 19.6)	6.0	(2.7, 12.6)
Any Location	60.4	(47.4, 72.1)	60.3	(46.4, 72.8)	60.5	(43.1, 75.6)	*		84.1	(58.5, 95.2)	60.3	(47.3, 72.0)	56.8	(41.3, 71.1)	79.0	(71.2, 85.1)
Non-smokers ²																
In newspapers or in magazines	47.1	(44.5, 49.7)	46.5	(43.6, 49.5)	47.7	(44.2, 51.1)	41.0	(34.2, 48.1)	55.8	(42.8, 68.1)	46.7	(44.3, 49.1)	48.1	(45.0, 51.3)	46.3	(40.8, 51.9)
On television or the radio	56.9	(54.2, 59.5)	55.9	(52.9, 58.8)	57.8	(54.4, 61.1)	52.8	(44.9, 60.4)	64.0	(51.7, 74.8)	56.4	(54.0, 58.9)	54.8	(51.5, 58.1)	63.9	(59.4, 68.1)
On television	49.9	(47.2, 52.5)	48.1	(45.3, 51.0)	51.5	(48.0, 54.9)	45.7	(38.4, 53.2)	58.5	(45.4, 70.6)	49.3	(46.9, 51.7)	51.6	(48.4, 54.9)	50.8	(45.3, 56.3)
On the radio	37.2	(34.8, 39.8)	37.6	(34.9, 40.3)	37.0	(33.4, 40.6)	31.3	(25.5, 37.9)	44.2	(29.5, 60.0)	37.0	(34.9, 39.1)	32.3	(29.8, 34.9)	48.9	(43.5, 54.4)
On billboards	27.3	(24.7, 30.0)	26.3	(23.9, 28.9)	28.1	(24.2, 32.4)	22.4	(17.2, 28.6)	36.5	(21.1, 55.2)	26.7	(24.6, 28.9)	29.5	(26.7, 32.5)	25.1	(18.6, 32.9)
Somewhere else	8.7	(6.5, 11.6)	8.7	(7.0, 10.8)	8.7	(5.3, 14.1)	10.5	(6.6, 16.2)	23.2	(8.5, 49.4)	7.1	(6.0, 8.4)	8.8	(7.1, 10.9)	9.6	(3.9, 21.4)
Any Location	67.0	(64.5, 69.5)	66.8	(63.8, 69.7)	67.2	(64.0, 70.3)	63.5	(55.4, 71.0)	72.3	(61.7, 80.9)	66.8	(64.4, 69.0)	66.5	(63.2, 69.7)	70.3	(66.1, 74.1)

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

² Includes former and never smokers.

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

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 Panama, 2013.

Demographic Characteristics	Current smokers ¹ who...				Among current smokers who noticed health warnings, those who thought about quitting ²	
	Noticed health warnings on cigarette package ²		Thought about quitting because of warning label ²			
Percentage (95% CI)						
Overall	76.9	(65.6, 85.3)	41.0	(31.9, 50.7)	53.5	(44.9, 61.9)
Gender						
Male	76.3	(64.0, 85.4)	39.0	(30.2, 48.5)	51.2	(42.8, 59.6)
Female	78.8	(65.8, 87.7)	47.7	(31.6, 64.3)	60.8	(41.6, 77.2)
Age (years)						
15-19	58.6	(25.0, 85.8)	19.5	(7.7, 41.3)	33.4	(11.5, 65.9)
20-39	82.7	(67.1, 91.8)	49.7	(35.6, 63.8)	60.3	(46.6, 72.6)
40-59	76.0	(62.8, 85.7)	40.9	(29.6, 53.2)	53.8	(41.1, 66.0)
60+	64.4	(48.5, 77.6)	16.1	(9.4, 26.1)	25.4	(13.8, 42.0)
Residence						
Urban	78.9	(63.5, 89.0)	38.5	(27.9, 50.3)	48.9	(39.2, 58.7)
Rural	74.2	(64.2, 82.2)	53.8	(43.4, 63.8)	72.5	(62.0, 81.0)
Indigenous	55.6	(47.6, 63.3)	39.0	(31.4, 47.1)	71.6	(61.4, 80.0)
Education Level ³						
No formal	43.8	(28.0, 60.9)	25.7	(15.5, 39.5)	59.2	(43.4, 73.3)
Primary	86.9	(74.9, 93.7)	37.6	(25.9, 51.0)	43.5	(29.5, 58.6)
Secondary	81.3	(56.0, 93.7)	41.8	(27.6, 57.5)	51.5	(36.3, 66.4)
High education	76.6	(40.3, 94.1)	56.3	(29.4, 79.9)	73.5	(45.2, 90.3)
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 Panama, 2013.

Places	Overall		Gender		Age (years)			Residence		Indigenous								
			Male	Female	15-17	18-20	21+	Urban	Rural									
Percentage (95% CI)																		
Noticed advertisements																		
In stores	16.4	(14.6, 18.3)	17.8	(15.4, 20.3)	15.0	(13.2, 17.1)	16.7	(12.0, 22.7)	18.0	(12.2, 25.9)	16.2	(14.4, 18.1)	18.5	(16.2, 21.1)	11.8	(10.0, 13.8)	9.5	(8.1, 11.2)
On television	10.5	(9.4, 11.6)	11.7	(10.2, 13.3)	9.3	(7.9, 10.9)	10.8	(7.0, 16.2)	9.4	(6.1, 14.4)	10.6	(9.4, 11.8)	11.4	(10.0, 13.0)	9.3	(7.8, 11.1)	3.1	(2.4, 3.9)
On the radio	8.4	(7.4, 9.6)	9.0	(7.7, 10.5)	7.8	(6.6, 9.3)	6.3	(4.2, 9.3)	7.7	(5.0, 11.7)	8.7	(7.5, 9.9)	8.0	(6.6, 9.6)	9.4	(7.8, 11.2)	10.0	(8.6, 11.5)
On billboards	6.0	(5.1, 7.1)	6.9	(5.6, 8.4)	5.2	(4.2, 6.3)	4.5	(2.6, 7.8)	3.8	(2.1, 6.8)	6.4	(5.4, 7.5)	7.0	(5.7, 8.4)	4.4	(3.5, 5.5)	1.0	(0.7, 1.5)
On posters	8.9	(7.7, 10.4)	9.2	(7.8, 10.9)	8.7	(7.0, 10.7)	8.0	(4.9, 12.8)	8.8	(4.9, 15.3)	9.0	(7.7, 10.6)	10.7	(8.9, 12.7)	5.5	(4.4, 6.7)	1.8	(1.3, 2.4)
In newspapers or magazines	8.8	(7.6, 10.1)	9.6	(8.1, 11.4)	7.9	(6.6, 9.4)	7.0	(4.3, 11.1)	7.9	(4.6, 13.1)	9.0	(7.8, 10.4)	9.7	(8.2, 11.5)	7.0	(5.6, 8.6)	4.0	(3.1, 5.2)
In cinemas	1.7	(1.2, 2.3)	1.6	(1.1, 2.3)	1.7	(1.1, 2.7)	0.5	(0.2, 1.3)	0.6	(0.3, 1.4)	1.9	(1.4, 2.6)	2.0	(1.4, 2.9)	1.0	(0.6, 1.7)	0.3	(0.2, 0.5)
On the internet	7.4	(5.8, 9.4)	7.8	(5.9, 10.2)	7.0	(5.4, 9.2)	7.9	(4.9, 12.3)	6.3	(3.8, 10.3)	7.5	(5.8, 9.7)	9.6	(7.4, 12.3)	2.8	(2.1, 3.7)	0.5	(0.3, 0.8)
On public transportation ¹	3.4	(2.7, 4.2)	3.8	(2.9, 5.0)	2.9	(2.2, 3.8)	2.8	(1.6, 4.9)	4.0	(1.7, 9.1)	3.3	(2.7, 4.2)	3.7	(2.8, 4.8)	2.9	(2.3, 3.8)	1.1	(0.7, 1.8)
On public walls	6.1	(5.0, 7.3)	6.2	(5.0, 7.8)	5.9	(4.7, 7.4)	5.6	(3.2, 9.6)	7.8	(4.2, 14.2)	5.9	(4.9, 7.2)	7.3	(5.8, 9.0)	3.7	(2.9, 4.7)	1.3	(0.9, 1.9)
In bus stops, transportation terminals or informal bus stops	4.9	(4.1, 5.9)	5.3	(4.3, 6.6)	4.5	(3.5, 5.7)	4.4	(2.7, 7.0)	4.6	(2.3, 8.9)	5.0	(4.1, 6.0)	5.4	(4.2, 6.8)	4.1	(3.3, 5.2)	2.0	(1.4, 2.8)
Somewhere else	2.1	(1.5, 2.8)	2.0	(1.4, 2.9)	2.1	(1.4, 3.1)	1.7	(0.7, 4.3)	2.9	(1.0, 7.9)	2.0	(1.5, 2.7)	2.4	(1.7, 3.3)	1.5	(0.9, 2.4)	0.5	(0.2, 1.0)
Noticed sports sponsorship	1.5	(1.1, 2.0)	2.0	(1.3, 2.9)	1.0	(0.6, 1.5)	1.1	(0.3, 4.2)	1.8	(0.7, 5.0)	1.5	(1.0, 2.0)	1.7	(1.2, 2.4)	1.0	(0.6, 1.5)	0.6	(0.3, 1.3)
Noticed Music/Theatre/Art/Fashion Event sponsorship	0.5	(0.3, 0.7)	0.5	(0.3, 1.0)	0.4	(0.3, 0.8)	0.0		0.5	(0.2, 1.3)	0.5	(0.3, 0.8)	0.5	(0.3, 0.9)	0.5	(0.3, 0.9)	0.2	(0.1, 0.4)
Noticed cigarette promotions																		
Free samples	1.2	(0.8, 1.6)	1.0	(0.6, 1.7)	1.3	(0.8, 2.0)	0.3	(0.1, 1.0)	1.1	(0.5, 2.1)	1.2	(0.9, 1.8)	1.3	(0.9, 2.0)	0.8	(0.5, 1.2)	0.7	(0.4, 1.1)
Sale prices	6.4	(5.2, 7.8)	7.8	(6.4, 9.4)	5.0	(3.6, 6.8)	5.0	(3.2, 7.7)	6.3	(3.5, 11.2)	6.5	(5.2, 8.0)	7.1	(5.5, 9.1)	5.3	(4.2, 6.7)	2.0	(1.5, 2.6)
Coupons	0.4	(0.2, 0.8)	0.4	(0.2, 0.8)	0.5	(0.2, 1.3)	0.0	(0.0, 0.3)	0.0	(0.0, 0.2)	0.5	(0.3, 1.0)	0.5	(0.2, 1.0)	0.4	(0.2, 0.9)	0.3	(0.1, 0.5)
Free gifts/discounts on other products	0.2	(0.1, 0.5)	0.3	(0.1, 0.6)	0.2	(0.0, 0.9)	0.5	(0.1, 1.6)	0.0		0.2	(0.1, 0.6)	0.3	(0.1, 0.7)	0.2	(0.1, 0.5)	0.1	(0.1, 0.3)
Clothing/item with brand name or logo	2.3	(1.8, 2.9)	2.5	(1.8, 3.5)	2.1	(1.4, 3.1)	3.0	(1.3, 6.7)	2.9	(1.2, 6.8)	2.2	(1.6, 2.9)	2.8	(2.1, 3.7)	1.2	(0.8, 1.8)	0.5	(0.3, 0.8)
People with cigarette or other tobacco brand names or logos painted on their bodies	2.5	(1.8, 3.7)	2.5	(1.7, 3.7)	2.6	(1.5, 4.4)	3.1	(1.7, 5.5)	5.2	(2.3, 11.1)	2.2	(1.5, 3.4)	3.0	(1.9, 4.6)	1.7	(1.1, 2.5)	0.6	(0.3, 1.0)
Mail promoting cigarettes	0.4	(0.2, 0.7)	0.5	(0.2, 1.1)	0.3	(0.1, 0.5)	2.2	(0.9, 5.0)	0.7	(0.2, 1.9)	0.2	(0.1, 0.6)	0.4	(0.2, 0.8)	0.4	(0.2, 1.0)	0.3	(0.1, 0.6)
Noticed any advertisement, sponsorship, or promotion	35.6	(32.9, 38.4)	37.7	(34.7, 40.9)	33.5	(30.2, 37.0)	35.3	(29.2, 41.9)	34.6	(24.0, 46.9)	35.7	(33.1, 38.5)	38.9	(35.4, 42.5)	29.1	(25.6, 32.8)	22.3	(20.3, 24.4)

¹ Includes public vehicles or stations.

Table 84. Percentage of current smokers 25 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Panama, 2013.

Places	Overall	Gender		Age (years)						Residence		
		Male	Female	15-17	18-20	21+	Urban	Rural	Indigenous			
Noticed advertisements				Percentage (95% CI)								
In stores	14.3 (10.6, 19.1)	12.6 (8.9, 17.4)	20.0 (11.5, 30.6)	13.0 (3.7, 36.7)	14.7 (0.8, 19)	13.4 (9.1, 19.3)	17.1 (11.1, 25.5)	18.7 (13.0, 26.1)				
On television	11.6 (7.4, 17.6)	12.7 (7.7, 20.2)	7.7 (3.6, 16.0)	34.3 (8.5, 74.6)	10.9 (7.0, 16.7)	11.9 (6.9, 19.7)	12.2 (6.7, 21.2)	4.9 (2.6, 9.0)				
On the radio	11.4 (7.5, 17.0)	11.6 (7.3, 18.1)	10.8 (5.3, 21.0)	13.7 (4.7, 34.0)	11.6 (7.5, 17.5)	10.1 (5.7, 17.3)	17.2 (11.1, 25.7)	13.5 (9.5, 18.9)				
On billboards	5.8 (3.5, 9.4)	5.2 (2.9, 9.3)	7.8 (3.3, 17.7)	9.2 (1.9, 35.3)	5.9 (3.5, 9.7)	5.9 (3.3, 10.5)	6.9 (2.8, 15.8)	1.1 (0.3, 3.5)				
On posters	7.4 (4.5, 12.0)	7.5 (4.3, 12.9)	7.2 (2.5, 18.5)	7.7 (2.2, 23.6)	7.6 (4.5, 12.6)	8.1 (4.5, 14.1)	5.4 (2.1, 13.0)	4.5 (2.1, 9.1)				
In newspapers or magazines	10.0 (6.0, 16.1)	10.3 (5.7, 17.7)	9.0 (3.7, 20.2)	7.0 (1.8, 23.2)	10.4 (6.2, 16.5)	10.2 (5.5, 18.1)	9.6 (4.7, 18.7)	8.0 (3.9, 15.8)				
In cinemas	1.0 (0.3, 3.2)	1.2 (0.4, 4.1)	0.1 (0.0, 0.8)	3.4 (0.4, 22.1)	0.9 (0.2, 3.4)	1.0 (0.2, 4.2)	1.0 (0.2, 4.2)	0.2 (0.0, 1.7)				
On the internet	11.3 (7.2, 17.4)	9.9 (5.6, 16.9)	16.3 (7.8, 31.0)	38.2 (11.3, 75.0)	9.5 (5.9, 15.1)	14.2 (9.1, 21.6)	1.5 (0.4, 4.7)	0.0				
On public transportation ¹	2.3 (1.2, 4.6)	3.0 (1.5, 5.9)	0.2 (0.1, 0.7)	2.3 (0.3, 14.1)	2.4 (1.2, 4.9)	1.8 (0.7, 4.8)	3.9 (1.3, 10.9)	5.3 (2.1, 12.6)				
On public walls	6.7 (3.6, 12.2)	7.5 (3.8, 14.1)	4.0 (1.0, 14.2)	38.2 (11.3, 75.0)	5.5 (2.9, 10.3)	7.6 (3.8, 14.8)	3.8 (1.3, 10.9)	1.6 (0.6, 4.3)				
In bus stops, transportation terminals or informal busstops	3.9 (1.9, 7.9)	4.5 (2.0, 9.6)	2.1 (0.6, 6.7)	30.3 (6.2, 74.1)	2.9 (1.5, 5.3)	3.7 (1.5, 9.1)	4.7 (1.8, 11.3)	4.9 (2.2, 10.7)				
Somewhere else	2.2 (0.9, 5.2)	2.7 (1.0, 6.6)	0.8 (0.2, 3.1)	7.0 (1.8, 23.3)	2.1 (0.8, 5.4)	2.3 (0.8, 6.2)	2.8 (0.6, 11.3)	0.1 (0.0, 0.7)				
Noticed sports sponsorship	2.5 (1.3, 5.0)	2.0 (0.9, 4.3)	4.2 (1.2, 14.1)	7.1 (1.0, 36.9)	2.3 (1.1, 4.9)	2.3 (1.0, 5.4)	2.6 (0.6, 10.9)	5.2 (1.7, 14.6)				
Noticed Music/Theatre/Art/Fashion Event spons	1.7 (0.7, 4.1)	1.1 (0.4, 2.9)	3.7 (0.9, 14.4)	11.2 (2.7, 36.7)	1.3 (0.4, 3.9)	1.7 (0.6, 4.7)	2.1 (0.3, 12.2)	0.4 (0.1, 3.1)				
Noticed cigarette promotions												
Free samples	1.3 (0.7, 2.5)	1.2 (0.6, 2.4)	1.7 (0.4, 7.1)	10.5 (2.5, 35.4)	0.9 (0.5, 1.9)	0.8 (0.3, 2.3)	3.1 (1.2, 7.8)	2.5 (0.8, 7.5)				
Sale prices	17.9 (11.8, 26.3)	17.9 (10.8, 28.2)	18.1 (9.7, 31.3)	20.9 (7.3, 46.8)	18.3 (11.8, 27)	17.6 (10.3, 28.5)	23.1 (15.6, 32.9)	7.6 (4.4, 12.6)				
Coupons	0.5 (0.1, 1.9)	0.6 (0.1, 2.5)	0.0	0.0	0.5 (0.1, 2.0)	0.1 (0.0, 0.7)	2.0 (0.3, 12.6)	0.5 (0.1, 2.0)				
Free gifts/discounts on other products	0.6 (0.2, 1.4)	0.7 (0.3, 1.8)	0.1 (0.0, 0.8)	0.0	0.5 (0.2, 1.4)	0.4 (0.1, 1.1)	1.5 (0.3, 7.5)	0.7 (0.2, 3.0)				
Clothing/item with brand name or logo	3.9 (2.0, 7.4)	2.7 (1.2, 5.9)	7.8 (2.7, 20.7)	6.2 (1.4, 23.9)	3.9 (1.9, 7.7)	4.3 (2.0, 8.9)	2.7 (0.6, 11.4)	1.3 (0.5, 3.6)				
People with cigarette or other tobacco brand names or logos painted on their bodies	6.1 (2.9, 12.0)	5.9 (2.4, 13.6)	6.7 (2.3, 18.3)	37.9 (10.9, 75.4)	4.9 (2.2, 10.7)	7.2 (3.3, 14.9)	2.5 (0.5, 11.4)	0.5 (0.2, 1.6)				
Mail promoting cigarettes	2.1 (0.6, 7.7)	1.9 (0.3, 10.4)	2.8 (0.5, 14.2)	5.7 (1.2, 22.7)	2.0 (0.5, 8.5)	2.7 (0.7, 9.7)	0.0	0.0				
Noticed any advertisement, sponsorship, or promotion	44.5 (36.2, 53.1)	44.7 (34.2, 55.7)	43.9 (30.7, 58.1)	67.4 (40.2, 86.4)	43.8 (41.8, 53)	45.7 (35.3, 56.6)	41.7 (33.0, 51.0)	35.3 (28.0, 43.3)				

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

¹ Includes public vehicles or stations.

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

Table 6.5: Percentage of current non-smokers ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics – GATS Panama 2013.

Places	Overall			Gender		Age (years)					Residence							
		Male		Female		Percentage (95% CI)					Urban		Rural		Indigenous			
Noticed advertisements																		
In stores	16.5	(14.7, 18.5)	18.3	(15.8, 21.1)	14.9	(13.0, 16.9)	17.1	(12.3, 23.2)	18.2	(22.2, 26.3)	16.3	(14.5, 18.3)	18.9	(16.5, 21.6)	11.6	(9.8, 13.7)	8.8	(7.4, 10.5)
On television	10.4	(9.3, 11.6)	11.5	(10.1, 13.2)	9.3	(7.9, 11.0)	11.1	(7.2, 16.6)	8.7	(5.6, 13.4)	10.5	(9.4, 11.8)	11.4	(10.0, 13.0)	9.2	(7.7, 11.0)	2.9	(2.3, 3.7)
On the radio	8.2	(7.2, 9.4)	8.8	(7.5, 10.3)	7.7	(6.5, 9.2)	6.4	(4.2, 9.5)	7.5	(4.8, 11.6)	8.4	(7.3, 9.7)	7.8	(6.4, 9.5)	9.1	(7.5, 10.9)	9.7	(8.3, 11.3)
On billboards	6.0	(5.1, 7.1)	7.0	(5.7, 8.7)	5.1	(4.1, 6.3)	4.6	(2.6, 6.0)	3.6	(1.9, 6.7)	6.4	(5.4, 7.6)	7.0	(5.7, 8.6)	4.3	(3.4, 5.4)	1.0	(0.7, 1.5)
On posters	9.0	(7.7, 10.5)	9.4	(7.9, 11.2)	8.7	(7.0, 10.8)	8.2	(5.1, 13.1)	8.9	(4.9, 15.5)	9.1	(7.8, 10.7)	10.9	(9.1, 12.9)	5.5	(4.4, 6.7)	1.6	(1.1, 2.1)
In newspapers or magazines	8.7	(7.5, 10.0)	9.6	(8.1, 11.3)	7.9	(6.5, 9.5)	7.2	(4.5, 11.4)	7.9	(4.5, 13.3)	8.9	(7.7, 10.3)	9.7	(8.2, 11.5)	6.9	(5.5, 8.5)	3.7	(2.9, 4.8)
In cinemas	1.7	(1.2, 2.4)	1.7	(1.2, 2.4)	1.8	(1.1, 2.7)	0.5	(0.2, 1.3)	0.5	(0.2, 1.3)	1.9	(1.4, 2.7)	2.1	(1.5, 3.0)	1.0	(0.5, 1.8)	0.3	(0.2, 0.5)
On the internet	7.2	(5.6, 9.2)	7.6	(5.6, 10.1)	6.8	(5.2, 8.9)	7.3	(4.5, 11.6)	5.3	(3.2, 8.8)	7.4	(5.6, 9.6)	9.2	(7.0, 12.1)	2.8	(2.1, 3.8)	0.5	(0.3, 0.8)
On public transportation ¹	3.4	(2.8, 4.2)	3.9	(2.9, 5.2)	3.0	(2.3, 4.0)	2.9	(1.6, 5.0)	4.0	(1.7, 9.3)	3.4	(2.7, 4.3)	3.8	(2.9, 5.0)	2.9	(2.2, 3.7)	0.8	(0.5, 1.2)
On public walls	6.0	(5.0, 7.2)	6.1	(4.8, 7.7)	6.0	(4.7, 7.5)	5.8	(3.3, 8.8)	6.9	(3.5, 13.3)	6.0	(5.0, 7.2)	7.2	(5.8, 8.9)	3.7	(2.9, 4.7)	1.3	(0.9, 1.9)
In bus stops, transportation terminals or informal bus stops	4.9	(4.1, 5.9)	5.4	(4.3, 6.7)	4.5	(3.5, 5.8)	4.5	(2.8, 7.2)	3.8	(1.8, 7.8)	5.1	(4.2, 6.2)	5.5	(4.3, 6.9)	4.1	(3.3, 5.1)	1.7	(1.2, 2.4)
Somewhere else	2.1	(1.5, 2.8)	2.0	(1.3, 2.9)	2.1	(1.4, 3.2)	1.8	(0.7, 4.4)	2.8	(0.9, 8.1)	2.0	(1.5, 2.7)	2.4	(1.7, 3.4)	1.5	(0.9, 2.3)	0.5	(0.3, 1.0)
Noticed sports sponsorship	1.4	(1.0, 2.0)	2.0	(1.3, 3.0)	0.9	(0.5, 1.5)	1.1	(0.3, 4.3)	1.7	(0.5, 5.1)	1.4	(1.0, 2.0)	1.7	(1.1, 2.5)	0.9	(0.6, 1.4)	0.3	(0.1, 0.7)
Noticed Music/Theatre/Art/Fashion event sponsorship	0.4	(0.3, 0.7)	0.5	(0.2, 0.9)	0.4	(0.2, 0.6)	0.0		0.1	(0.0, 0.6)	0.5	(0.3, 0.8)	0.4	(0.2, 0.8)	0.4	(0.2, 0.8)	0.1	(0.0, 0.4)
Noticed cigarette promotions																		
Free samples	1.1	(0.8, 1.6)	1.0	(0.6, 1.8)	1.3	(0.8, 2.0)	0.3	(0.1, 1.1)	0.8	(0.4, 1.7)	1.2	(0.9, 1.8)	1.4	(0.9, 2.0)	0.7	(0.4, 1.1)	0.6	(0.4, 0.9)
Sale prices	5.6	(4.5, 7.0)	6.7	(5.5, 8.3)	4.6	(3.3, 6.4)	5.0	(3.2, 7.8)	5.9	(3.1, 11.0)	5.6	(4.4, 7.2)	6.3	(4.8, 8.2)	4.6	(3.6, 5.8)	1.6	(1.2, 2.2)
Coupons	0.4	(0.2, 0.9)	0.3	(0.2, 0.8)	0.5	(0.2, 1.4)	0.0	(0.0, 0.3)	0.0	(0.0, 0.2)	0.5	(0.3, 1.0)	0.5	(0.2, 1.1)	0.4	(0.2, 0.9)	0.3	(0.1, 0.5)
Free gifts/discounts on other products	0.2	(0.1, 0.5)	0.2	(0.1, 0.6)	0.2	(0.0, 0.9)	0.4	(0.1, 1.7)	0.0		0.2	(0.1, 0.6)	0.3	(0.1, 0.7)	0.2	(0.1, 0.3)	0.1	(0.0, 0.2)
Clothing/item with brand name or logo	2.2	(1.7, 2.8)	2.5	(1.7, 3.6)	1.9	(1.3, 2.9)	3.0	(1.3, 7.0)	2.8	(1.1, 6.9)	2.1	(1.5, 2.8)	2.7	(2.0, 3.6)	1.1	(0.7, 1.8)	0.4	(0.3, 0.7)
People with cigarette or other tobacco brand names or logos painted on their bodies	2.3	(1.6, 3.4)	2.2	(1.4, 3.3)	2.5	(1.4, 4.3)	3.2	(1.8, 5.6)	4.2	(1.7, 10.2)	2.1	(1.4, 3.1)	2.7	(1.7, 4.2)	1.7	(1.1, 2.5)	0.6	(0.3, 1.1)
Mail promoting cigarettes	0.3	(0.2, 0.5)	0.4	(0.2, 0.8)	0.2	(0.1, 0.4)	2.2	(1.0, 5.1)	0.5	(0.1, 1.9)	0.1	(0.1, 0.2)	0.2	(0.1, 0.5)	0.4	(0.2, 1.0)	0.3	(0.1, 0.6)
Noticed any advertisement, sponsorship, or promotion	35.0	(32.3, 37.8)	37.0	(33.9, 40.2)	33.2	(29.9, 36.8)	35.3	(29.0, 42.2)	33.6	(23.1, 46.1)	35.2	(32.5, 37.9)	38.4	(34.9, 42.1)	28.6	(25.0, 32.4)	21.3	(19.3, 23.4)

Note: Current non-smokers includes former and never smokers.

¹Includes public vehicles or stations.

Table 8.6: Opinion of health warnings on cigarette packages among adults >= 15 years old, by selected demographic characteristics — GATS Panama, 2013						
Demographic	Adult's opinion on health warning labels on cigarette packages...					
Characteristics	Favor		Indifferent		Against	
Percentage (95% CI)						
Overall	90.4	(88.9, 91.7)	4.1	(3.4, 4.9)	5.5	(4.5, 6.7)
<i>Gender</i>						
Male	89.6	(87.6, 91.3)	4.5	(3.5, 5.7)	5.9	(4.7, 7.4)
Female	91.3	(89.6, 92.7)	3.7	(2.8, 4.7)	5.1	(4.0, 6.5)
<i>Age (years)</i>						
15-19	93.7	(91.0, 95.6)	3.0	(1.8, 5.2)	3.2	(2.1, 5.0)
20-39	90.2	(88.1, 92.0)	3.9	(2.9, 5.2)	5.9	(4.7, 7.5)
40-59	90.1	(87.6, 92.1)	4.9	(3.7, 6.4)	5.1	(3.7, 7.0)
60+	88.9	(86.3, 91.1)	4.0	(2.8, 5.7)	7.1	(5.3, 9.3)
<i>Residence</i>						
Urban	90.7	(88.6, 92.4)	4.0	(3.2, 5.1)	5.3	(4.0, 7.0)
Rural	90.9	(89.2, 92.3)	3.8	(3.0, 4.9)	5.3	(4.2, 6.5)
Indigenous	84.2	(82.0, 86.1)	6.0	(4.8, 7.4)	9.9	(8.2, 11.8)
<i>Education Level¹</i>						
No formal education						
Primary	87.0	(84.2, 89.3)	5.8	(4.1, 8.1)	7.3	(5.8, 9.1)
Secondary	90.0	(88.0, 91.8)	4.3	(3.0, 6.0)	5.7	(4.4, 7.4)
High education	90.3	(87.9, 92.3)	4.0	(2.7, 5.9)	5.7	(4.2, 7.8)
	91.8	(87.0, 94.9)	3.8	(2.4, 5.9)	4.4	(2.4, 8.1)
<i>Smoking Status</i>						
Current smokers	81.3	(74.0, 86.9)	16.0	10.7, 23.1	2.7	(1.5, 5.0)
Non-smokers	91.0	(89.6, 92.3)	3.3	(2.8, 4.0)	5.7	(4.6, 6.9)
¹ Education level is reported only among respondents 25+ years old.						

Table 8.7: Cigarette brands that were identified by adults >= 15 years old who noticed sports, music, art, or fashion events which were associated with cigarette brands, by gender and residence — GATS Panama, 2013														
Demographic	Cigarette brands identified... ¹													
Characteristics	Marlboro		Viceroy		Kool		Camel		Mint		Ibiza		Other	
Percentage (95% CI)														
Overall	70.0	(58.5, 79.5)	26.4	(17.3, 38.1)	32.4	(21.9, 45.1)	7.1	(3.4, 14.2)	4.7	(1.6, 12.8)	8.0	(3.7, 16.6)	3.5	(1.0, 11.5)
<i>Gender</i>														
Male	71.3	(56.2, 82.8)	24.4	(14.4, 38.3)	32.3	(19.0, 49.2)	4.0	(1.4, 11.1)	2.3	(0.5, 11.1)	5.4	(1.9, 14.5)	2.3	(0.5, 10.5)
Female	67.6	(49.5, 81.6)	30.1	(16.3, 48.8)	32.7	(18.0, 51.9)	12.6	(4.9, 28.9)	9.0	(2.4, 28.9)	12.8	(4.3, 32.2)	5.7	(1.0, 27.7)
<i>Residence</i>														
Urban	72.2	(58.3, 82.8)	20.2	(11.4, 33.1)	30.0	(18.3, 45.0)	4.7	(1.8, 12.1)	4.2	(1.1, 14.8)	5.8	(2.1, 15.3)	3.9	(1.0, 14.1)
Rural	65.1	(48.0, 79.1)	53.2	(33.9, 71.5)	47.1	(29.3, 65.8)	19.7	(7.0, 44.4)	8.0	(2.0, 27.4)	20.6	(7.0, 47.3)	1.5	(0.2, 9.9)
Indigenous	*		*		*		*		*		*		*	
¹ In the last 30 days.														
* Indicates estimate based on less than 25 unweighted cases and has been suppressed.														

Demographic Characteristics	Adults who believe that smoking causes...												
	Serious illness	Stroke	Heart attack	Emphysema	Chronic bronchitis	Lung cancer	Bladder cancer	Breast cancer					
Percentage (95% CI)													
Overall	90.6 (89.2, 91.9)	73.5 (71.6, 75.3)	83.5 (82.1, 84.9)	84.2 (82.7, 85.5)	91.0 (90.0, 91.9)	97.0 (96.5, 97.4)	49.8 (47.3, 52.4)	62.2 (59.8, 64.6)					
Gender													
Male	89.4 (87.5, 91.0)	72.6 (70.2, 74.9)	83.3 (81.4, 85.0)	83.2 (81.3, 85.0)	90.5 (89.0, 91.8)	96.8 (95.9, 97.4)	50.6 (48.0, 53.2)	61.1 (58.6, 63.6)					
Female	91.9 (90.3, 93.3)	74.4 (72.0, 76.7)	83.8 (82.0, 85.5)	85.1 (83.3, 86.8)	91.6 (90.2, 92.7)	97.2 (96.6, 97.7)	49.1 (45.5, 52.7)	63.3 (59.6, 66.8)					
Age (years)													
15-19	87.1 (81.7, 91.0)	73.0 (66.4, 78.8)	85.1 (80.8, 88.6)	81.2 (76.3, 85.3)	87.2 (82.5, 90.8)	96.4 (93.7, 97.9)	42.4 (34.0, 51.3)	56.1 (45.2, 66.5)					
20-39	91.2 (89.5, 92.7)	73.8 (71.1, 76.2)	82.6 (80.3, 84.7)	83.3 (81.2, 85.2)	91.6 (90.2, 92.8)	96.9 (96.0, 97.5)	51.0 (47.8, 54.1)	64.1 (61.5, 66.7)					
40-59	91.8 (90.2, 93.2)	73.5 (70.7, 76.1)	84.2 (82.1, 86.1)	85.5 (83.4, 87.3)	91.9 (90.3, 93.3)	97.9 (97.3, 98.3)	50.0 (47.1, 52.9)	61.6 (58.6, 64.5)					
60+	89.7 (87.6, 91.5)	73.2 (70.4, 75.8)	83.4 (81.1, 85.6)	86.5 (84.5, 88.3)	90.7 (88.7, 92.4)	96.1 (95.1, 96.9)	52.8 (48.4, 57.1)	63.0 (59.3, 66.5)					
Residence													
Urban	90.7 (88.8, 92.3)	75.9 (73.5, 78.1)	86.0 (84.2, 87.6)	88.2 (86.5, 89.7)	93.2 (92.0, 94.3)	98.2 (97.5, 98.7)	50.4 (47.3, 53.5)	63.3 (60.5, 66.0)					
Rural	91.5 (89.8, 93.0)	70.1 (66.5, 73.4)	79.2 (76.5, 81.7)	79.6 (76.6, 82.3)	88.2 (86.1, 89.9)	95.7 (94.7, 96.6)	48.8 (44.0, 53.6)	60.0 (54.4, 65.4)					
Indigenous	85.2 (83.4, 86.8)	57.7 (55.1, 60.3)	70.3 (67.9, 72.5)	50.3 (47.5, 53.2)	73.8 (71.6, 75.8)	86.4 (84.8, 87.8)	47.7 (44.8, 50.7)	57.6 (54.7, 60.5)					
Education Level ¹													
No formal education	87.1 (83.6, 90.0)	67.0 (63.4, 70.3)	76.8 (73.9, 79.5)	72.1 (68.9, 75.1)	83.1 (80.4, 85.6)	91.3 (89.7, 92.7)	51.7 (47.6, 55.8)	63.0 (59.4, 66.5)					
Primary	91.9 (89.9, 93.5)	72.7 (69.8, 75.4)	82.7 (80.5, 84.7)	83.8 (81.5, 85.9)	90.7 (88.7, 92.4)	97.4 (96.5, 98.1)	51.7 (48.5, 54.9)	63.6 (60.8, 66.3)					
Secondary	91.4 (89.0, 93.2)	74.4 (70.8, 77.6)	83.2 (79.9, 86.1)	87.7 (85.0, 90.0)	93.9 (92.3, 95.2)	98.3 (97.1, 99.0)	50.5 (46.5, 54.5)	63.3 (59.3, 67.1)					
High education	93.5 (90.6, 95.6)	78.4 (74.7, 81.8)	89.2 (86.4, 91.5)	91.0 (87.9, 93.3)	96.2 (94.2, 97.5)	99.0 (97.3, 99.6)	50.1 (45.1, 55.1)	62.4 (58.0, 66.5)					
Smoking Status													
Current smokers ²	93.1 (88.3, 96.0)	76.3 (69.2, 82.2)	83.4 (77.3, 88.1)	82.6 (76.8, 87.3)	87.8 (82.7, 91.6)	95.2 (92.0, 97.2)	51.0 (44.3, 57.6)	61.5 (54.0, 68.5)					
Non-smokers ³	90.5 (89.0, 91.8)	73.3 (71.4, 75.2)	83.5 (82.1, 84.9)	84.3 (82.8, 85.7)	91.2 (90.2, 92.2)	97.1 (96.6, 97.6)	49.8 (47.2, 52.4)	62.2 (59.7, 64.7)					

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

² Includes daily and occasional (less than daily) smokers.

³ Includes former and never smokers.

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

Demographic Characteristics	Adults who believe that smoking causes ...						
	Stomach cancer	Miscarriage	Premature Wrinkles	Tooth decay	Sexual impotence	Hair loss	Osteoporosis
	Percentage (95% CI)						
Overall	68.1 (65.6, 70.6)	73.6 (71.8, 75.4)	62.5 (60.3, 64.7)	87.9 (86.6, 89.0)	58.8 (56.7, 60.9)	51.8 (49.4, 54.2)	63.3 (60.8, 65.8)
Gender							
Male	68.6 (66.1, 71.1)	71.7 (69.2, 74.0)	61.7 (59.2, 64.2)	87.5 (85.7, 89.1)	60.3 (57.7, 62.9)	52.2 (49.4, 55.0)	63.4 (60.7, 66.1)
Female	67.6 (63.7, 71.3)	75.6 (73.3, 77.8)	63.3 (60.4, 66.1)	88.2 (86.7, 89.6)	57.2 (54.1, 60.3)	51.4 (48.0, 54.7)	63.3 (59.6, 66.8)
Age (Years)							
15-19	59.9 (48.4, 70.3)	75.3 (68.8, 80.8)	62.1 (54.2, 69.5)	89.6 (86.6, 92.1)	59.5 (51.0, 67.5)	49.0 (39.4, 58.6)	57.6 (46.6, 67.9)
20-39	69.6 (66.5, 72.6)	75.7 (73.2, 78.1)	63.7 (60.7, 66.7)	87.7 (85.6, 89.5)	59.1 (56.1, 62.1)	52.4 (49.2, 55.7)	64.9 (61.8, 67.9)
40-59	69.2 (66.5, 71.8)	73.3 (70.5, 76.0)	61.0 (58.0, 63.9)	88.4 (86.6, 90.0)	58.7 (55.8, 61.6)	51.8 (48.5, 55.0)	64.9 (62.0, 67.6)
60+	68.6 (64.9, 72.1)	66.8 (63.8, 69.6)	62.6 (59.6, 65.5)	85.8 (83.3, 88.0)	57.2 (53.5, 60.9)	52.4 (49.0, 55.8)	60.6 (57.4, 63.7)
Residence							
Urban	69.9 (67.1, 72.6)	75.3 (72.9, 77.5)	64.6 (61.8, 67.2)	90.4 (88.8, 91.8)	60.5 (57.9, 63.0)	52.9 (50.0, 55.8)	66.3 (63.2, 69.1)
Rural	65.1 (58.9, 70.9)	72.1 (68.6, 75.3)	60.7 (56.5, 64.8)	86.4 (84.2, 88.4)	58.2 (53.8, 62.5)	50.7 (45.7, 55.7)	59.3 (53.6, 64.7)
Indigenous	58.0 (55.2, 60.7)	58.1 (55.2, 61.0)	42.5 (39.4, 45.7)	59.4 (56.4, 62.4)	37.5 (34.4, 40.7)	41.5 (38.5, 44.5)	42.5 (39.3, 45.8)
Education Level ¹							
No formal education	66.0 (62.1, 69.7)	61.4 (57.7, 64.9)	53.3 (49.4, 57.2)	76.7 (73.9, 79.2)	49.0 (44.7, 53.4)	48.8 (44.6, 53.0)	54.7 (50.6, 58.7)
Primary	69.7 (66.8, 72.5)	71.8 (69.3, 74.1)	59.4 (56.6, 62.1)	88.3 (86.2, 90.2)	57.5 (54.3, 60.6)	52.8 (49.7, 55.9)	62.9 (59.7, 66.0)
Secondary	69.9 (66.2, 73.4)	74.2 (70.6, 77.6)	64.1 (60.3, 67.7)	88.5 (86.6, 91.9)	62.0 (58.5, 65.3)	51.2 (47.1, 55.2)	67.1 (63.5, 70.6)
High education	71.4 (67.9, 74.7)	82.0 (78.4, 85.0)	72.0 (68.2, 75.5)	91.0 (87.3, 93.7)	65.9 (61.6, 69.9)	54.0 (49.4, 58.4)	68.7 (65.0, 72.1)
Smoking Status							
Current smokers ²	65.0 (55.8, 73.1)	71.0 (65.0, 76.3)	58.0 (52.1, 63.7)	85.7 (79.7, 90.2)	59.6 (53.1, 65.7)	49.9 (43.0, 56.8)	56.1 (49.6, 62.4)
Non-smokers ³	68.3 (65.7, 70.9)	73.8 (71.9, 75.6)	62.8 (60.5, 65.0)	88.0 (86.8, 89.1)	58.7 (56.5, 60.9)	51.9 (49.4, 54.4)	63.8 (61.2, 66.4)

¹ Education levels reported only among respondents 25+ years old.

² Includes daily and occasional (less than daily) smokers.

³ Includes former and never smokers.

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

Demographic Characteristics	Believe that breathing other people's smoke causes serious illness in non-smokers	
	Percentage (95% CI)	
Overall	87.5	(86.1, 88.8)
Gender		
Male	87.5	(85.6, 89.2)
Female	87.5	(85.6, 89.2)
Age (years)		
15-19	85.2	(78.8, 89.9)
20-39	88.0	(86.1, 89.6)
40-59	88.6	(86.7, 90.3)
60+	85.9	(83.1, 88.3)
Residence		
Urban	88.6	(86.6, 90.3)
Rural	87.0	(84.7, 89.1)
Indigenous	74.6	(72.3, 76.8)
Education Level ¹		
No formal education	80.9	(77.4, 84.0)
Primary	88.1	(85.8, 90.1)
Secondary	89.0	(86.4, 91.2)
High education	90.3	(86.7, 93.0)
Smoking Status		
Current smokers ²	92.7	(89.0, 95.3)
Non-smokers ³	87.2	(85.7, 88.5)
¹ Education level is reported only among respondents 25+ years old.		
² Includes daily and occasional (less than daily) smokers.		
³ Includes former and never smokers.		

Table 9.3: Percentage of adults ≥15 years old who are aware that tobacco products are used in various native/indigenous customs or rituals, by selected demographic characteristics — GATS Panama, 2013.

Demographic Characteristics	Aware that tobacco products are used in the following native/indigenous customs or rituals...							
	Start of Puberty	Community gatherings	Exorcisms	Shaman consultations	Healing/chanting ceremonies	Funerals	Other	
Overall	24.1 (22.1, 26.3)	23.1 (20.9, 25.5)	23.7 (21.7, 25.8)	38.4 (35.4, 41.4)	28.9 (26.3, 31.6)	25.0 (22.8, 27.4)	3.0 (2.2, 4.1)	
Gender								
Male	23.8 (21.5, 26.3)	23.6 (21.0, 26.5)	24.2 (21.8, 26.9)	37.5 (34.1, 40.9)	28.5 (25.8, 31.4)	26.1 (23.4, 29.1)	3.0 (2.0, 4.6)	
Female	24.5 (21.7, 27.4)	22.6 (20.0, 25.5)	23.1 (20.8, 25.7)	39.2 (35.3, 43.3)	29.2 (25.5, 33.3)	24.0 (21.3, 26.9)	3.0 (2.2, 4.2)	
Age (years)								
15-17	17.8 (13.7, 22.9)	18.3 (13.2, 24.7)	17.7 (13.0, 23.7)	30.4 (24.4, 37.1)	22.8 (18.2, 28.2)	19.1 (13.8, 25.8)	1.5 (0.7, 3.2)	
18-20	16.9 (11.5, 24.1)	19.3 (13.2, 27.4)	19.5 (13.3, 27.6)	46.1 (31.9, 61.0)	38.1 (23.3, 55.5)	16.8 (11.3, 24.4)	2.5 (1.0, 5.9)	
21+	25.3 (23.2, 27.6)	23.9 (21.5, 26.4)	24.6 (22.5, 26.7)	38.2 (35.3, 41.2)	28.4 (26.2, 30.8)	26.3 (23.9, 28.8)	3.2 (2.3, 4.5)	
Residence								
Urban	24.1 (21.5, 26.9)	24.6 (21.7, 27.8)	25.7 (23.2, 28.4)	40.9 (37.3, 44.6)	30.3 (27.5, 33.3)	26.7 (23.8, 29.9)	3.1 (2.0, 4.7)	
Rural	23.1 (19.7, 26.8)	18.4 (15.6, 21.5)	19.4 (16.6, 22.5)	32.7 (26.6, 39.4)	25.3 (19.1, 32.7)	20.1 (17.2, 23.3)	2.3 (1.6, 3.2)	
Indigenous	29.3 (26.2, 32.6)	26.0 (23.5, 28.7)	17.2 (14.9, 19.8)	31.0 (28.0, 34.1)	25.9 (22.8, 29.4)	26.2 (23.2, 29.4)	6.6 (5.1, 8.6)	

Table 9.4: Percentage of adults ≥15 years old who are aware that tobacco products are used in various non-native/non-indigenous customs or rituals, by selected demographic characteristics – GATS Panama, 2013.											
Demographic Characteristics	Aware that tobacco products are used in the following non-native/non-indigenous customs or rituals...										
	Local fairs	"Junta de Embarre" ceremony	Feasts	Traditional local dances "gales en toldos"	Saint festivals "patronales"	Family gatherings	Other	Percentage (95% CI)	Percentage (95% CI)	Percentage (95% CI)	Percentage (95% CI)
Overall	61.5 (58.8, 64.2)	43.6 (41.0, 46.3)	55.9	66.7 (64.2, 69.1)	68.0 (65.6, 70.4)	51.7 (48.9, 54.4)	9.1 (7.5, 10.9)				
Gender											
Male	61.6 (58.2, 64.9)	44.7 (41.9, 47.6)	55.9	67.8 (64.9, 70.5)	69.1 (66.2, 71.8)	52.1 (49.2, 55.1)	10.0 (8.1, 12.4)				
Female	61.5 (58.1, 64.8)	42.5 (38.8, 46.3)	56.0	65.6 (62.2, 68.7)	67.0 (63.8, 70.1)	51.2 (47.5, 54.9)	8.1 (6.4, 10.2)				
Age (years)											
15-17	54.7 (48.0, 61.2)	33.7 (27.9, 40.0)	43.8	56.7 (49.9, 63.3)	58.7 (52.3, 64.8)	38.3 (32.1, 44.9)	5.6 (3.5, 8.7)				
18-20	63.2 (51.1, 73.9)	35.9 (25.7, 47.5)	56.7	72.0 (62.1, 80.1)	71.9 (61.8, 80.2)	53.0 (39.7, 65.8)	8.1 (4.2, 15.3)				
21+	61.9 (59.2, 64.5)	45.2 (42.6, 47.7)	56.8	66.9 (64.4, 69.3)	68.4 (66.0, 70.6)	52.6 (49.9, 55.2)	9.4 (7.8, 11.3)				
Residence											
Urban	63.5 (59.9, 67.0)	45.9 (42.6, 49.2)	59.3	67.7 (64.5, 70.8)	70.2 (67.1, 73.1)	53.7 (50.1, 57.2)	10.4 (8.3, 12.9)				
Rural	60.5 (56.0, 64.8)	42.1 (37.6, 46.7)	53.3	67.6 (63.4, 71.5)	67.5 (63.3, 71.4)	50.8 (45.8, 55.8)	6.9 (5.6, 8.5)				
Indigenous	38.8 (35.2, 42.5)	19.3 (17.1, 21.6)	21.3	46.7 (43.3, 50.3)	40.9 (37.5, 44.5)	27.6 (24.7, 30.8)	1.3 (0.9, 1.8)				

APPENDIX B

Scope of the Study

Before beginning this project, we decided that GATS Panama 2013 would be oriented to the collection, standardization, and analysis of population data regarding the consumption of smoked and smokeless tobacco products while considering characteristics of gender and geographic domain (urban, rural, and indigenous) throughout the country. Our target population would be people aged 15 years or above who were not institutionalized. We based our study on a multi-centric protocol that enabled comparisons at the global level.

As a means of collecting data we chose the structured survey, administered through a face-to-face interview with members of randomly selected households who were aged ≥ 15 years, with the objective of generating indicators for the control and surveillance of the smoking epidemic in Panama and the implementation of the WHO FCTC.

Our plan was to capture this data in a data base at the time of collection, after which it would be analyzed using statistical analysis techniques, including tests of statistical significance, which allow the drawing of conclusions to be applied to the population residing in the country at the national level.

Basic Definitions

Home: Any developed structure (transformed or adapted) destined for people to live in. It must be independent, which means that it must be accessible directly from the street or land, stairway or hallway, provided that one does not have to go through an area occupied by others.

Must be **separate**, distinguishing itself from other structures through finished walls, gates, or other differentiating elements.

Household: Made up of an individual or a group of two or more people, with or without family ties, who live in the same home, share utilities, and depend on each other financially, especially for groceries.

There are two types of households:

- **One-person:** One person lives alone in the entire home or part of the home.
- **Multi-person:** Two or more people live together.

Main Household: The main household can be:

- Designated as such by other households.
- The household that was responsible for the home chosen for interview.
- Designated as the main household by the interviewer when other households did not consider any of the households living in a home to be the main household.

Inclusion and Exclusion Criteria

Inclusion

- People aged 15 years or older who are permanent residents in the particular homes chosen in the census simple segment.

- People meeting the previous criteria who express their agreement to participate in the survey.

Exclusion

- People under the age of 15 years at the time the questionnaire is administered.
- People who do not desire to fill out the survey.
- People who do not regularly reside in the home during the period in which the survey is administered.
- People with a severe physical or mental disability that prevents them from directly answering the questions on the questionnaire.
- People who do not speak Spanish or an indigenous language reasonably well.
- A home would be excluded if it was not occupied at the time of visit to the census segment.

3.1 Study Population

Population

The population of the Global Adult Tobacco Survey (GATS) in Panama was comprised of people aged 15 years or more who resided in particular households.

Geography

The survey was conducted through the entire national territory at the urban, rural, and indigenous levels.

Time

Data were collected in the field from January 16, 2013, to May 21, 2013, in 14 health regions of the Panama Ministry of Health.

Statistical Universe

The statistical universe for this study consisted of people aged 15 years or more who resided in the Republic of Panama and lived in occupied homes. This population was estimated to equal 2,691,551 people in 2013.

3.2 Sample Design

The sample design for GATS 2013 Panama was probabilistic, and thus results obtained from the survey can be used to make inferences about the entire population. The design had three stages, as described below, with the final stage involving the selection of a targeted person residing in a particular occupied home.

Sampling Scheme

The GATS 2013 Panama was designed under a probabilistic, stratified, and three-stage sampling scheme.

Each method is defined as follows:

a) Probabilistic:

Sampling units have a known probability of being selected that differs from zero.

b) Stratified:

Stratification can increase the precision of estimates of the study population's characteristics. In GATS Panama 2013 we used implicit geographic stratification according to the country's coding system for health regions, which consisted of urban,

rural, and indigenous. Historically, this stratification has reflected the socioeconomic structure of the country.

a) **First Stage:** The primary sampling units (PSUs) had 38 or more households. PSUs in the indigenous stratum were classified in two categories: self-represented (with a probability equal to 1 of being included in the sample) and not self-represented. All PSUs with a population of less than 60 inhabitants were included in the indigenous samples. In the urban and rural strata, PSUs were considered to be in one category, i.e., they were not subdivided.

b) **Second Stage:** In this stage, occupied households of the previously selected PSUs were selected randomly.

c) **Third Stage:** This stage included the selection of people targeted by the study who resided in particular occupied households. This was the last sampling unit, and the process involved consideration of gender parity, as established in the study methodology.

Final Sampling Scheme				
Study Domain	Area	Sampling Stage	Sampling Unit	Sampling Method
Health Regions	Urban	1a.	PSU	Systematic PPT
	Rural	2a.	Particular occupied homes	Continuous lots of 14 homes
	Indigenous	3a.	Any person residing in the area aged 15 years or more	Randomly by the Kish Table or random-routine-generated by the IPAQ, one person per household

Sample Size

To calculate the sample size we used the population proportion aged ≥ 15 years as the reference variable, using the following formula:

$$n = \frac{z^2 q \text{DEFF}}{r^2 p (1 - \text{tnr}) \text{PHV}} \quad \text{Where:}$$

n = Sample size.

z = Settled value in statistical tables of standard normal distribution for a prefixed confidence level.

q = 1-p

DEFF = Design effect defined as the variance ratio in the design estimation used between the variance

obtained considering simple random sampling for an equal simple size. $\text{DEFF} = \frac{\hat{V}(\hat{\theta})}{\hat{V}(\hat{\theta})_{\text{mas}}}$

r = Maximum expected relative error.

p = Proportion of people aged ≥ 15 years in particular occupied households.

tnr = Maximum expected no-response rate.

PHV = Average no. of inhabitants aged ≥ 15 years by particular home/household.

Considering a confidence level of 95%, a design effect of 1.5, a maximum expected relative error of 3.9%, and a maximum expected no-response rate of 10%, a national sample of 17,570 particular households was obtained.

Sample Allocation

The sample allocation was carried out within each health region between the different strata proportional to size, based on the following formula:

$$n_{eh} = \frac{N_{eh}}{N_e} n_e$$

Where:

n_{eh} = Total number of sample households in strata h, and e region.

n_e = Total number of sample households in e region.

N_{eh} = Total number of sample households in strata h, and e region.

N_e = Total number of sample households in e region.

Sample Selection

Sample selection for GATS 2013 was carried out independently for each health region through systematic selection with a probability proportional to size.

Calculation of selection probabilities and expansion factors

Selection probability of household in urban, rural, and indigenous areas of the health regions can be calculated as follows:

$$P(v_{Uij}) = n_u \frac{X_{Ui}}{X_u} \frac{14}{X^*_{Ui}} \frac{1}{X_j}$$

Where:

$P(v_{Uij})$ = Probability of selecting person j of household i in the u PSU of area of health region

n_u = Number of PSU to be selected in area of the health region

X_{Ui} = Total of i households in u PSU of area of the health region according to last census

X_u = Total of households in area of the health region

X^*_{Ui} = Total of i households in u SPU of area of the health region according to update

X_j = Total of people aged ≥ 15 years in household found in field

Expansion Factors

$$W_{Uij} = \text{PSU weight of sample by area of health region} \quad W_{Uij} = [P(v_{Uij})]^{-1} = \frac{1}{P(v_{Uij})}$$

The expansion factor above was adjusted for no interview and demographic projection.

Adjustment to Expansion Factors

Expansion factors were elaborated according to the procedure mentioned above for the following concepts:

Adjustment for no response

Adjustments due to no response for the informant were carried out at the PSU level through the following formula:

$$F'_{ehi} = F_{ehi} \frac{nvh_{ehi}}{nvhcr_{ehi}}$$

Where:

- F'_{ehi} = expansion factor corrected by no response for households of i PSU, of h strata, and e health region
- F_{ehi} = expansion factor of i PSU, h strata, and e health region
- nvh_{ehi} = number of occupied households in i PSU, h strata, and e health region
- $nvhcr_{ehi}$ = number of occupied households with answer in i PSU, h strata and e health region

Adjustment for projection

Adjusted factors due to no response were corrected with the objective of ensuring that each survey domain of interest obtained the total population, determined by the projection of population generated by INEC at the midpoint of collection, through the following formula:

$$F''_D = F'_D \frac{PROY_D}{PEXP_D} \quad \text{Where:}$$

- F''_D = Expansion factor corrected by projection in domain D
- F'_D = Expansion factor corrected by no response in domain D
- $PROY_D$ = population of D domain, according to projection

Estimators

Totals

To obtain total estimations, we used the Horvitz-Thompson estimator equation. For example, to obtain the estimation of a Y total for the Panama Health Region, the formula would be the following:

$$\hat{Y} = \hat{Y}_U + \hat{Y}_R + Y_C$$

Where:

- \hat{Y} = Y Estimator for Panama
- \hat{Y}_U = Y Estimator for urban Panama
- \hat{Y}_R = Y Estimator for rural Panama
- \hat{Y}_C = Y Estimator for indigenous Panama
- $\hat{Y}_U = \sum_i^{n_U} \sum_j^{m_{Uj}} W_{Ui} y_{Uij}$
- n_U = Number of PSUs in sample of the urban area of Panama
- m_{Uj} = Number of households in sample (14) of the i PSU in the urban area of Panama
- W_{Ui} = Weight of i PSU in the urban area of Panama
- y_{Uij} = Sampling total of Y for j household, in i PSU in the urban area of Panama

$$\hat{Y}_R = \sum_i^{n_R} \sum_j^{m_{Ri}} W_{Ri} y_{Rij}$$

n_R = Number of PSUs in sample of the rural area of Panama

m_{Ri} = Number of households in sample (14) of the i PSU of the rural area of Panama

W_{Ri} = Weight of i PSU of rural area of Panama

y_{Rij} = Sampling total of Y for j household in i PSU of the rural area of Panama

$$\hat{Y}_C = \sum_i^{n_C} \sum_j^{m_{Ci}} W_{Ci} y_{Cij}$$

n_C = Number of PSUs in sample of the indigenous area of Panama

m_{Ci} = Number of households in sample (14) of i PSU in the indigenous area of Panama

W_{Ci} = Weight of i PSU in the indigenous area of Panama

y_{Cij} = Sampling total of Y for j household, in i PSU of the indigenous area of Panama

Reasons

Estimator \hat{R} allows us to obtain estimations of the ratio of two characteristics of interest, such as rates, averages, proportions, and indexes, and is defined as follows:

$$\hat{R} = \frac{\hat{Y}}{\hat{X}}$$

Where: \hat{X} is defined analogically \hat{Y}

Variance Estimators

Totals

The formula for the variance estimator of total $\hat{\theta}$, is according to the sample type used to select the appropriate sample unit, sample stages, and stratification; for the Global Adult Tobacco Survey, the sample design is characterized by being:

- Probabilistic,
- three-staged, and
- Geographically stratified.

Because a multistage design is used, the first-stage variance represents the highest percentage of total variance. Hansen, Hurwitz, and Madow¹ suggest calculating only this variance (the last cluster technique); although for the statistical design stage of the survey, the calculation of variance by stage is recommended.

Because we suggest using systematic ppt to select PSUs in the first sampling stage, there is not an analytical variance formula for $\hat{\theta}$; therefore assumes sampling with replacement, and uses sample variance formula pptcr to approach such variance; statistical packages that analyze complex surveys, such as SPSS, PC CARP, Stata, and WesVar, among others, and considered the following formula defined as:

$$v(\hat{\theta}) = \frac{n}{n-1} \sum_i^n \left(\theta'_i - \frac{1}{n} \hat{\theta} \right)^2$$

Where:

n = Number of PSUs in sample

θ = Total population belonging to the characteristic θ

θ'_i = Weighted sample value of θ PSU

For example, in the Panama domain, in order to estimate the variance of any estimation of population total, let's say Y , the correct formula would be as follows:

$$\begin{aligned} v(\hat{Y}) &= v(\hat{Y}_U + \hat{Y}_R + \hat{Y}_C) \\ &= v(\hat{Y}_1 + \hat{Y}_2 + \hat{Y}_3) \\ &= \sum_h^2 \frac{n_h}{n_h - 1} \sum_i^{n_h} \left(Y'_{hi} - \frac{1}{n_h} \hat{Y}_h \right)^2 \end{aligned}$$

Where:

$\hat{Y}_U = \hat{Y}_1$ = Total estimation of Y characteristic for Panama urban area

$\hat{Y}_R = \hat{Y}_2$ = Total estimation of Y characteristic for Panama rural area

$\hat{Y}_C = \hat{Y}_3$ = Total estimation of Y characteristic for Panama indigenous area

$h = h$ area of Panama

n_h = Number of PSUs in sample of h area of Panama

Y'_{hi} = Weighted sample total of Y characteristic for i SPU of Panama h area

Reasons

To estimate the variance \hat{R} reason estimator we can apply any resampling technique, pseudo-resampling or the joint technique of linearization and clusters (complex survey case), known as technique of Taylor Series or linearization (non-complex surveys); several authors have studied the behavior of these techniques in different sample designs and for different nonlinear estimators; concluding, among other things, that for the reason estimator, the Taylor Series Technique in many cases has the best behavior²; the formula for the variance estimator is defined as:

$$v(\hat{R}) \approx \frac{1}{\hat{\theta}_2^2} \left\{ \frac{n}{n-1} \sum_i^n \left[(\theta'_{1i} - \frac{1}{n} \hat{\theta}_1) - \hat{R}(\theta'_{2i} - \frac{1}{n} \hat{\theta}_2) \right]^2 \right\} \hat{\theta}_1^2$$

Where elements are equivalent to those presented for totals. This formula is also included in the statistical packages previously mentioned.

The formula to calculate the variance of a reason estimator in Panama is as follows:

$$v(\hat{R}) \approx \frac{1}{\hat{X}_2^2} \left\{ \sum_h^2 \frac{n_h}{n_h - 1} \sum_i^{n_h} \left[(Y'_{hi} - \frac{1}{n_h} \hat{Y}_h) - \hat{R}(X'_{hi} - \frac{1}{n_h} \hat{X}_h) \right]^2 \right\}$$

Where:

$$\hat{R} = \frac{\hat{Y}}{\hat{X}} = \frac{\hat{Y}_U + \hat{Y}_R + \hat{Y}_C}{\hat{X}_U + \hat{X}_R + \hat{X}_C}$$

Other elements were defined before and others are equal.

Estimates of the standard error (SE.) and variation ratio, or relative error of estimator (CV) are calculated using the following formulas:

$$\text{E.E.} = \sqrt{\hat{V}(\hat{\theta})} \qquad \text{C.V.} = \frac{\sqrt{\hat{V}(\hat{\theta})}}{\hat{\theta}}$$

Where:

$\hat{\theta}$ = Estimator of population parameter θ .
 $\hat{V}(\hat{\theta})_{\text{ms}}$ = Estimator of variance, under a random simple sampling.

Finally, the confidence interval at $100(1-\alpha)\%$, is calculated using the following formula:

$$I_{1-\alpha} = \left(\hat{\theta} - z_{\alpha/2} \sqrt{\hat{V}(\hat{\theta})}, \hat{\theta} + z_{\alpha/2} \sqrt{\hat{V}(\hat{\theta})} \right)$$

Stages

Phases of the survey by sampling

As a first step, the national team for the implementation of the survey and the members of the National Commission for the Study of Smoking reviewed the questionnaire proposed by the CDC and WHO/PAHO, which was made up by a series of basic questions and included sets of questions and sections that met national information needs for the characterization of the smoking situation in Panama and surveillance of enforcement of the FCTC and other national legislation for tobacco control. Once we determined components of tobacco use, exposure to tobacco smoke, and the tobacco control policies to investigate and had established the criteria for which variables we had an interest in studying, we decided that the survey was going to be conducted in the two phases:

In the **first phase**, we identified limits of the selected census segment and proceeded to the application of a short questionnaire (“Household Questionnaire”) for the characterization of the particularly occupied household belonging to the selected segment, in terms of composition by number of residents, age, gender, and tobacco use status. Cohabitation of more than one home by a particular occupied household had to be verified at this time. If that was the case, it would be necessary to select a main household, which would be subject to participating in the study, because only one home per particular occupied household could participate; according to census data, 98% of the particular occupied households were one home. Once the household had been defined, we proceeded to collect basic information on the household members

In the **second phase** we collected information on a person aged ≥ 15 years who resided in the main home of the household of interest. We administered the “Individual Questionnaire,” which had 11 sections, each comprised of a set of questions that allowed us to acquire data regarding issues that GATS targets. With the information pertaining to the main household collected in the first phase, we randomly selected a person aged ≥ 15 years for the individual interview. Once he or she was selected, we verified the requirements demanded in the consent form, which are explained in detail later.

In case the randomly selected person was not available in the household at that time, we made an appointment to come back later to conduct the interview, because interviewing another household member was not permitted under the study protocol.

18. Study Domains

The GATS was conducted in every health region of the country, with independent estimates obtained at the urban, rural, and indigenous levels. These designations were defined based on the community's characteristics:

Urban: 100,000 or more inhabitants
Rural: Fewer than 2,500 inhabitants
Indigenous: Located in an original (indigenous) territory.

These domains have been examined in several different surveys conducted in Panama, such as the Life Level Survey, National Survey of Health and Quality of Life, Survey of Sexual and Reproductive Health, and Survey of Prevalence of Cardiovascular Risk Factors, among others.

Sampling Units

Sampling units were census segments selected by the size of their population aged ≥ 15 years that resided in occupied households.

Sampling Type

Sampling was probabilistic, which demands that all elements of the statistical universe have a known, nonzero probability of being selected.

Sampling Class

Stratified random sampling, by clusters, was employed using three stages, with units of uneven size.

Stratification Criteria

Because stratification can increase the precision of estimates for a total population, we used strata building to the fullest reasonable extent.

First, we used implicit geographic stratification, creating one domain of indigenous territories and second and third domains of nonindigenous Panamanian adults in health regions (provinces) according to urban and rural areas.

Second, we organized sampling units by the number of people aged ≥ 15 years within each health region by urban, rural, and indigenous area. For each of these three types within a health region we obtained an independent sample, which is one of the objectives of the survey (to facilitate the collection of data with this level of disaggregation).

The sample was distributed proportionally among the various strata.

The definition of strata also considered the prevalence of consumption of tobacco products as determined through the National Survey of Health and Quality of Life (ENSCAVI, 2007), which was estimated up to the district level and for each domain, differentiated by gender.

To reach the objective of the survey, which was to facilitate estimations with a predetermined degree of reliability at the national level with a confidence level of 95% and an acceptable margin of error for total estimates of 5% to 10%, the estimated sample of the population aged ≥ 15 years had to reach, at a minimum, 13,452 interviewees in particular occupied households.

APPENDIX C

National Legislation for Tobacco Control in Panama

Since the 1970s, Panama has developed a series of actions oriented toward tobacco control, including control of environmental tobacco smoke. These actions have supported explicit policies that have been included in a variety of official documents:

- The Political Constitution of the Republic
 - i. Article 105: Prioritizes public health over other provisions that govern economic activities.
 - ii. Article 104

- Law N° 66 of November 10, 1947
 - i. Article N° 3: Prioritizes public health over provisions that govern economic activities.
 - ii. Article N° 169: Health education and dissemination.
 - iii. Article N° 171: Control of advertising and propaganda.

- Ministerial Decree Law N° 56 of 1970. Creation of the Ministry of Health. Covered advertising and propaganda related to alcoholic beverages and cigarettes.

- 1984 Tax Code and modifications made in 2001.

Penal Code: Chapter V, Article N° 248: Crimes against public health.
- Rulings of the Supreme Court of Justice in favor of the control of tobacco product advertising: Rulings 511-99 and 512-99.

- Ratification of the World Health Organization Framework Convention for Tobacco Control, August 16, 2004.

- Law N° 13 of January 24, 2008. Adopts tobacco control measures and actions to control tobacco's harmful effects on health. This law also modifies article 171 of Law N° 66 of November 10, 1947.
Other regulatory provisions.

LEGISLATION	RELEVANT PROVISION	FRAMEWORK CONVENTION
Law Nº 66 of November 10, 1947. Health Code.	Article 169: Health Education Article 171: Health Propaganda	Article 12: Education, formation, and awareness of the public. Article 13: Tobacco advertising, promotion, and sponsorship
Penal Code <input checked="" type="checkbox"/> Modified by Law Nº 44 of 2001. (Official Gazette Nº 24,362 of August 8, 2001).	Article 248: Sanctions on whoever offers to sell or delivers any substance or object that could endanger health.	Article 16: Sale to minors by minors.
Resolution Nº 01561. (November 8, 1989) Ministry of Health. <input checked="" type="checkbox"/> Modified by Resolution 036 of February 6, 2003 (O.G. 24,746 of February 20, 2003).	For which the National Commission for the Study of Smoking Panama was created. Presentation of report to Ministry on the anniversary of the promulgation of Law Nº 17 of June 29, 1989. Progress, statistics, legislation, and international advances.	Article 20: Research, surveillance, and information exchange
Law 28 of June 27, 2001 (O.G. 24,334 of June 29, 200).	"Modifies paragraph 6 of article of 1057-V of the Tax Code regarding cigarette tax, article 24 of Law 30 of 1984 about contraband and customs fraud and other provisions." <input checked="" type="checkbox"/> Ten percent cigarette tax increased to 15% and from the revenue generated by this increase, 5% is allocated to the National Cancer Institute. <input checked="" type="checkbox"/> Smoking areas are regulated in restaurants and cafeterias.	Article 6: Measures related to prices and taxes to reduce tobacco demand. Article 8: Protection against exposure to tobacco smoke.

LEGISLATION	RELEVANT PROVISIONS	FRAMEWORK CONVENTION
Resolution 036 of February 6, 2003 (O.G. 24,746 of February 20, 2003).	“Of the National Commission for the Study of Smoking in Panama.”	Article 20: Investigation, surveillance, and information exchange
Executive Decree 63 of February 27, 2003 (O.G. 24,755 of March 7, 2003). <input checked="" type="checkbox"/> Modified by Executive Decree 301 of October 27, 2003.	“Which creates the National Council for Tobacco Free Health?” Modifies articles 3 and 5.	Article 5: General obligations.
Resolution N° 054 (February 12, 2004) Official Gazette N° 25,001 of March 4, 2004.	“Approves internal regulation of the National Council for Tobacco Free Health”	Article 5: General obligations.
Law N° 40 of July 7, 2004.	Approving the Framework Convention of the WHO for Tobacco Control, approved in the Fourth Plenary Session of the World Health Organization on May 21, 2003.	Complete text of the framework.
Executive Decree N° 17 of March, 2005.	“Which dictates measures for prevention and reduction of consumption and exposure to tobacco smoke, due to causing negative effects on the health of the population”	Article 1: Definitions Article 16: Sale to minors by minors Article 11: Packaging and labeling Article 13: Tobacco advertising, promotion, and sponsorship
Law N° 13 of January 24, 2008. (Official Gazette N° 25966 of January 25, 2008).	Adopts measures for tobacco control and its negative effects on health	Articles 8, 11, 12, 13, 14, 16, 20, 21.
Executive Decree N° 230 of May 6, 2008.	Regulating Law 13 of January 24, 2008 and other provisions.	
Resolution 660 of August 11, 2009.	Bans commercialization of electronic cigarettes and similar products through the entire national territory.	
Law 69 of November 6, 2009	Modifies the Tax Code and applies other tax measures. (Increases excise tax on consumption of tobacco products from 32.5% to 100 %.)	Article 6. Prices and Taxes
Executive Decree N° 611 of June 3, 2010	Modifies article 18 of the Executive Decree of January 24, 2008. Bans exhibition of tobacco products at sale points.	Article 13: Advertising, promotion, and sponsorship of tobacco products.
Resolution 745 of August 16, 2012	Modifies the National Commission for the Study of Smoking in Panama.	Article 5.3. Protection of public health policies from interference on behalf of the tobacco industry.

APPENDIX D

Health Warnings in Place during Data Collection

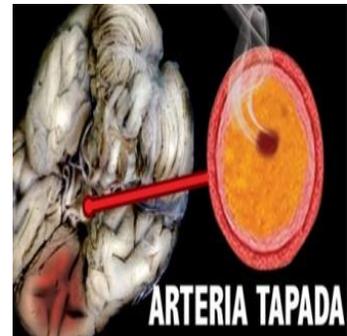
In Panama, health warnings on tobacco products rotate annually, with a pictogram used that covers 50% of both sides of the packaging. Five warnings circulate simultaneously and in proportional quantities with regard to the volume issued for each period. In 2013, Panama was carrying out its fourth round of warnings, and the fifth round was scheduled to start in March 2014. Shown below are the five warnings that were in circulation during the period of the study. On each pack of a tobacco product you can see a fixed warning on one of the two sides that reads: “Smoking can cause death.”



**Smoking can
cause
premature
wrinkles**



**Smoking can
cause Breast
Cancer**



**Smoking can
cause
cardiovascular
illnesses**



**Smoking can
cause
impotence**



**Smoking can
cause abortions**

APPENDIX E

M POWER Summary of Indicators Datos en %

Indicator	%					
	Total	Male	Female	Urban	Rural	Indigenous
M: Monitor tobacco use						
Current tobacco use	6.4	9.7	3.1	7.1	4.2	7.2
Current tobacco smoker	6.1	9.4	2.8	6.8	3.9	6.9
Current cigarette smoker	5.8	8.9	2.7	6.7	3.4	5.8
Current smoker of manufactured cigarettes	5.7	8.8	2.6	6.6	3.1	5.6
Current user of smokeless tobacco	0.8	1.0	0.5	0.9	0.4	0.8
Average number of smoked cigarettes per day (daily smokers)	14.8	16.3	10.1	15.1	14.2	7.9
Average age for starting daily use of tobacco	16.9	16.7	17.4	17.1	16.4	15.9
P: Protect people from tobacco smoke						
Exposure to secondhand smoke at home, less than monthly	4.4	5.3	3.5	4.5	4.1	4.8
Exposure to secondhand smoke at work	5.6	7.4	3.7	5.6	5.9	5.8
Exposure to secondhand smoke in public places:						
Government offices and buildings	8.6	9.5	7.5	9.0	6.5	12.6
Health-care service centers	7.3	7.0	7.5	7.9	5.8	7.4
Restaurants	12.4	14.0	10.8	13.1	9.2	15.9
Public transportation	8.2	8.0	8.3	8.3	7.1	16.3
O: Offer help to quit tobacco use						
Attempted to quit in the last 12 months	45.2	44.4	48.2	42.4	54.6	57.8
Was advised to quit smoking by a health-care provider	60.4	63.7	53.0	63.7	48.5	38.0
Attempted to quit smoking using specific cessation methods:						
Pharmacotherapy	6.2	7.9	1.2	6.7	5.9	2.4
Orientation / counseling	12.0	11.6	13.2	12.6	11.9	5.2
Interested in quitting smoking	64.4	62.1	71.8	63.8	66.3	67.2
W: Warn about the dangers of tobacco						
Believe that tobacco causes serious illnesses	90.6	89.4	91.9	90.7	91.5	85.2
Believe that tobacco use causes:						
Strokes	73.5	72.6	74.4	75.9	70.1	57.7
Heart attacks	83.5	83.3	83.8	86.0	79.2	70.3
Lung cancer	97.0	96.8	97.2	98.2	95.7	86.4
Believe that inhaling secondhand smoke causes serious illnesses	87.5	87.5	87.5	88.6	87.0	74.6
Noticed information against cigarettes	66.6	66.2	67.0	65.8	70.6	57.3
Thinking of quitting smoking due to health warnings on cigarette packs	41.0	39.0	47.7	38.5	53.8	39.0
E: Enforce bans on advertising, promotion and sponsorship						
Noticed cigarette advertising, promotion, or sponsorship	35.6	37.7	33.5	38.9	29.1	22.3
R: Raise taxes on tobacco						
Average monthly expenditure on cigarettes (USD)	72.6	78.5	52.2	78.8	48.3	25.6
Average cost of a pack of manufactured cigarettes (USD)	6.6	6.5	6.9	6.8	4.7	6.4
Last cigarette purchase was in a shop	64.8	64.6	65.4	63.4	69.6	75.8

Monitor Tobacco use and Prevention Policies			
Prevalence in Youth			
	Current Tobacco Users	Current Tobacco Smokers	Current Users of Smokeless Tobacco
Men	15.1%	11.6%	4.5%
Women	10.2%	7.5%	4.8%
Total	12.7%	9.5%	4.2%
Prevalence in Adults			
	Current Tobacco Users	Current Tobacco Smokers	Current Users of Smokeless Tobacco
Men	9.7%	9.4%	1.0%
Women	3.1%	2.8%	0.5%
Total	6.4%	6.1%	0.8%
Protect People from Tobacco Smoke – Legislation: Smoke Free Environments			
	Total	Men	Women
Health-care centers	2.8%	2.5%	3.2%
Schools	1.3%	1.4%	1.2%
Universities	3.2%	3.7%	2.6%
Government buildings	2.2%	2.5%	1.8%
Indoor workplaces	4.4%	5.3%	3.5%
Restaurants	5.9%	6.9%	4.9%
Bars and bowling alleys	8.0%	9.9%	6.2%
Public transportation	5.0%	4.7%	5.3%
Offer Help to Quit Tobacco Use – Tobacco Addiction and Cessation Measures			
Availability of Free Pharmacological Treatment. (smokers of all ages)			
Nicotine replacement therapy	Yes		
Bupropion	Yes		
Varenicline	Yes		
Availability of Professional Health for Cessation			
In primary network facilities	Yes (36 between health-Care centers and hospitals)		
In offices of health-care providers	Yes		
In the community	Yes (approximately 30 are in the Primary Healthcare Network.)		
Availability of a free hotline for quitting smoking	Yes		
Warn about the dangers of tobacco – Health Warnings on Cigarette Packs			
Requirements for warnings in Panama Features of Health Warnings	Cigarettes	Other Tobacco Products	
Ban on false descriptions, such as soft, light, or low nicotine	Yes	Yes	
Law determines specific warnings	Yes	Yes	
% of surface covered by warnings (average of front and back)	50	50	
% of surface covered by warning in the front of the pack	50	50	
% of surface covered by warnings in the back of the pack	50	50	
Number of warnings approved by law	5	5	
Number of warnings on each pack	2	2	
Warnings describe smoking risks	Yes	Yes	
Law requires a specific type of font, size, and color	Yes	Yes	
Rotating warnings	Yes	Yes	
Warnings are written in the country's main language	Yes	Yes	
Warnings include an image	Yes	Yes	
Enforce Bans on Advertising, Promotion and Sponsorship			

Direct Bans	
National TV and Radio	Yes
International TV and Radio	Yes
National newspapers and magazines	Yes
International newspapers and magazines	Yes
Advertising on posters and signs	Yes
Sale points	Yes
Internet	Yes
Indirect Bans	
Free distribution by mail or other	Yes
Promotional discounts	
Products that are not identified with brands pertaining to cigarettes or other tobacco products	Yes
Product brands that do not pertain to tobacco but are used for tobacco brands	Yes
Presence of tobacco products on TV or movies	Yes
Sponsorship by events by the tobacco industry	Yes
Raise Taxes on Tobacco	
Average price of a pack of 20 cigarettes	
In Balboas (Panama)	4.00
In U.S. dollars	4.00
Percentage of final price represented by taxes	56%
Excise tax on consumption	100%
<i>Ad valorem</i>	Yes
Added-value tax	15%
Total taxes	\$2.30

APPENDIX F

Sampling Errors

Overall								
Indicator	Estimate (R)	Standard Error (SE)	Sample size (n)	Design Effect (DEFF)	Relative Error (SE/R)	Margin of Error (MOE)	Confidence Limits	
							Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.064	0.007	16,713	12.579	0.105	0.013	0.051	0.077
Current Tobacco Smokers	0.061	0.007	16,962	13.122	0.109	0.013	0.048	0.074
Current Cigarette Smokers	0.058	0.007	16,962	13.664	0.114	0.013	0.045	0.071
Current Manufactured Cigarette Smokers	0.057	0.007	16,962	13.892	0.116	0.013	0.044	0.070
Current Hand-rolled Cigarette Smokers	0.018	0.003	16,962	7.468	0.155	0.005	0.012	0.023
Current Kretek Cigarette Smokers	0.008	0.002	16,962	5.483	0.204	0.003	0.005	0.011
Current Users of Smokeless Tobacco	0.008	0.002	16,670	5.974	0.215	0.003	0.004	0.011
Daily Tobacco Smoker	0.028	0.004	16,962	11.105	0.150	0.008	0.020	0.036
Daily Cigarette Smokers	0.024	0.003	16,962	8.231	0.140	0.007	0.017	0.030
Daily Users of Smokeless Tobacco	0.001	0.000	16,670	1.562	0.307	0.001	0.000	0.002
Former Daily Tobacco Smokers Among All Adults	0.026	0.003	16,962	5.036	0.104	0.005	0.021	0.032
Former Tobacco Smokers Among Ever Daily Smokers	0.370	0.040	1,072	7.306	0.108	0.078	0.292	0.448
Time to First Tobacco use within 5 minutes of waking	0.148	0.034	352	3.299	0.232	0.067	0.080	0.215
Time to First Tobacco use within 6-30 minutes of waking	0.289	0.066	352	7.425	0.227	0.129	0.160	0.418
Smoking Quit Attempt in the Past 12 Months	0.452	0.047	1,030	9.352	0.105	0.093	0.360	0.545
Health Care Provider Asked about Smoking	0.736	0.045	362	3.825	0.061	0.089	0.647	0.825
Health Care Provider Advised Quitting Smoking	0.604	0.060	362	5.383	0.099	0.117	0.487	0.721
Use of Pharmacotherapy for Smoking Cessation	0.062	0.019	556	3.537	0.309	0.038	0.025	0.100
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.120	0.030	557	4.841	0.252	0.059	0.060	0.179
Planning to quit, thinking about quitting, or will quit smoking	0.644	0.035	969	5.137	0.054	0.068	0.576	0.712
Exposure to Secondhand at Home	0.044	0.004	16,646	6.136	0.089	0.008	0.036	0.052
Exposure to Secondhand at Workplace	0.056	0.008	2,583	3.450	0.149	0.016	0.040	0.073
Exposure to Secondhand in Government Buildings/Offices	0.022	0.003	16,774	8.389	0.149	0.006	0.015	0.028
Exposure to Secondhand in Health Care Facilities	0.028	0.003	16,797	4.181	0.092	0.005	0.023	0.033
Exposure to Secondhand in Restaurants	0.059	0.005	16,835	8.631	0.090	0.010	0.048	0.069
Exposure to Secondhand in Public Transportation	0.050	0.004	16,805	6.669	0.086	0.009	0.042	0.059
Last cigarette purchase in store	0.648	0.045	776	7.061	0.070	0.089	0.559	0.737
Last cigarette purchase at kiosk	0.012	0.004	776	1.082	0.335	0.008	0.004	0.020
Noticed Anti-tobacco Information on radio or television	0.567	0.014	16,899	13.091	0.024	0.027	0.540	0.593
Noticed Health Warning Labels on Cigarette Packages	0.769	0.050	978	14.073	0.066	0.099	0.670	0.868
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.410	0.048	966	9.369	0.118	0.095	0.315	0.505
Noticed Any Cigarette Advertisement or Promotion	0.356	0.014	16,685	14.006	0.039	0.027	0.329	0.383
Noticed Cigarette Marketing in Stores Where Cigarettes are Sold	0.164	0.009	16,874	10.854	0.057	0.018	0.146	0.182
Believes that Tobacco Smoking Causes Serious Illness	0.906	0.007	16,934	8.850	0.007	0.013	0.893	0.919
Believes that Tobacco Smoking Causes Strokes	0.735	0.009	16,933	7.877	0.013	0.019	0.717	0.754
Believes that Tobacco Smoking Causes Heart Attacks	0.835	0.007	16,933	6.163	0.008	0.014	0.822	0.849
Believes that Tobacco Smoking Causes Lung Cancer	0.970	0.002	16,939	3.607	0.003	0.005	0.965	0.975
Believes that Using Smokeless Tobacco Causes Serious Illness	0.829	0.009	16,926	9.457	0.011	0.017	0.811	0.846
Believes that Secondhand Causes Serious Illness in Non-Smokers	0.875	0.007	16,946	7.656	0.008	0.014	0.861	0.889
Number of Cigarettes Smoked per Day (by daily smokers)	14.778	1.414	290	3.884	0.096	2.771	12.007	17.549
Time since Quitting Smoking (in years)	17.457	1.294	450	3.835	0.074	2.536	14.921	19.993
Monthly Expenditures on Manufactured Cigarettes	72.555	17.470	597	1.311	0.241	34.240	38.315	106.795
Age at Daily Smoking Initiation Among Adult Age 20-34	16.940	0.381	206	2.853	0.023	0.747	16.193	17.687
Average Amount Spent on 20 Manufactured Cigarettes	6.555	1.953	597	1.787	0.298	3.828	2.727	10.383
Price paid per 100 pack of manufactured cigarettes	655.470	195.306	597	1.787	0.298	382.799	272.671	1,038.269

Male								
Indicator	Estimate (R)	Standard Error (SE)	Sample size (n)	Design Effect (DEFF)	Relative Error (SE/R)	Margin of Error (MOE)	Confidence Limits	
							Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.097	0.011	7,567	10.498	0.113	0.022	0.076	0.119
Current Tobacco Smokers	0.094	0.011	7,679	10.736	0.116	0.021	0.072	0.115
Current Cigarette Smokers	0.089	0.011	7,679	11.212	0.122	0.021	0.068	0.110
Current Manufactured Cigarette Smokers	0.088	0.011	7,679	11.351	0.124	0.021	0.066	0.109
Current Hand-rolled Cigarette Smokers	0.026	0.005	7,679	7.422	0.188	0.010	0.017	0.036
Current Kretek Cigarette Smokers	0.013	0.003	7,679	5.518	0.234	0.006	0.007	0.019
Current Users of Smokeless Tobacco	0.010	0.003	7,531	7.039	0.302	0.006	0.004	0.016
Daily Tobacco Smoker	0.044	0.007	7,679	9.228	0.162	0.014	0.030	0.058
Daily Cigarette Smokers	0.036	0.005	7,679	6.638	0.152	0.011	0.025	0.047
Daily Users of Smokeless Tobacco	0.001	0.000	7,531	1.196	0.374	0.001	0.000	0.002
Former Daily Tobacco Smokers Among All Adults	0.031	0.004	7,679	3.844	0.125	0.008	0.023	0.038
Former Tobacco Smokers Among Ever Daily Smokers	0.306	0.039	824	5.922	0.127	0.076	0.229	0.382
Time to First Tobacco use within 5 minutes of waking	0.148	0.040	281	3.546	0.269	0.078	0.070	0.226
Time to First Tobacco use within 6-30 minutes of waking	0.325	0.077	281	7.593	0.237	0.151	0.174	0.476
Smoking Quit Attempt in the Past 12 Months	0.444	0.051	801	8.572	0.116	0.100	0.343	0.544
Health Care Provider Asked about Smoking	0.710	0.060	245	4.239	0.084	0.117	0.593	0.827
Health Care Provider Advised Quitting Smoking	0.637	0.070	245	5.137	0.109	0.136	0.500	0.773
Use of Pharmacotherapy for Smoking Cessation	0.079	0.025	431	3.875	0.323	0.050	0.029	0.129
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.116	0.032	431	4.402	0.279	0.063	0.052	0.179
Planning to quit, thinking about quitting, or will quit smoking	0.621	0.040	754	5.031	0.064	0.077	0.543	0.698
Exposure to Secondhand at Home	0.053	0.007	7,515	6.936	0.128	0.013	0.040	0.067
Exposure to Secondhand at Workplace	0.074	0.014	1,294	3.691	0.189	0.027	0.047	0.101
Exposure to Secondhand in Government Buildings/Offices	0.025	0.005	7,603	8.652	0.209	0.010	0.015	0.036
Exposure to Secondhand in Health Care Facilities	0.025	0.004	7,614	4.279	0.149	0.007	0.017	0.032
Exposure to Secondhand in Restaurants	0.069	0.008	7,628	7.969	0.119	0.016	0.053	0.085
Exposure to Secondhand in Public Transportation	0.047	0.005	7,617	4.931	0.114	0.011	0.037	0.058
Last cigarette purchase in store	0.646	0.050	622	6.789	0.077	0.098	0.548	0.744
Last cigarette purchase at kiosk	0.014	0.005	622	1.147	0.359	0.010	0.004	0.024
Noticed Anti-tobacco Information on radio or television	0.557	0.016	7,651	7.596	0.028	0.031	0.526	0.587
Noticed Health Warning Labels on Cigarette Packages	0.763	0.055	769	12.949	0.072	0.108	0.656	0.871
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.390	0.047	759	7.134	0.121	0.092	0.298	0.482
Noticed Any Cigarette Advertisement or Promotion	0.377	0.016	7,561	8.121	0.042	0.031	0.346	0.408
Noticed Cigarette Marketing in Stores Where Cigarettes are Sold	0.178	0.013	7,644	8.229	0.070	0.025	0.153	0.202
Believes that Tobacco Smoking Causes Serious Illness	0.894	0.009	7,664	6.373	0.010	0.017	0.876	0.911
Believes that Tobacco Smoking Causes Strokes	0.726	0.012	7,660	5.403	0.016	0.023	0.703	0.749
Believes that Tobacco Smoking Causes Heart Attacks	0.833	0.009	7,664	4.640	0.011	0.018	0.815	0.851
Believes that Tobacco Smoking Causes Lung Cancer	0.968	0.004	7,667	3.416	0.004	0.007	0.960	0.975
Believes that Using Smokeless Tobacco Causes Serious Illness	0.819	0.011	7,663	5.955	0.013	0.021	0.798	0.840
Believes that Secondhand Causes Serious Illness in Non-Smokers	0.875	0.009	7,669	6.020	0.011	0.018	0.857	0.893
Number of Cigarettes Smoked per Day (by daily smokers)	16.349	1.642	233	3.635	0.100	3.219	13.130	19.568
Time since Quitting Smoking (in years)	16.315	1.326	328	2.649	0.081	2.598	13.716	18.913
Monthly Expenditures on Manufactured Cigarettes	78.463	22.087	481	1.357	0.281	43.290	35.173	121.752
Age at Daily Smoking Initiation Among Adult Age 20-34	16.718	0.514	167	2.933	0.031	1.007	15.711	17.725
Average Amount Spent on 20 Manufactured Cigarettes	6.488	2.225	481	1.870	0.343	4.361	2.127	10.849
Price paid per 100 pack of manufactured cigarettes	648.774	222.494	481	1.870	0.343	436.088	212.687	1,084.862

Female								
Indicator	Estimate (R)	Standard Error (SE)	Sample size (n)	Design Effect (DEFF)	Relative Error (SE/R)	Margin of Error (MOE)	Confidence Limits	
							Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.031	0.005	9,146	6.278	0.147	0.009	0.022	0.039
Current Tobacco Smokers	0.028	0.004	9,283	6.736	0.158	0.009	0.019	0.037
Current Cigarette Smokers	0.027	0.004	9,283	6.901	0.162	0.009	0.019	0.036
Current Manufactured Cigarette Smokers	0.026	0.004	9,283	7.074	0.167	0.009	0.018	0.035
Current Hand-rolled Cigarette Smokers	0.009	0.002	9,283	3.926	0.210	0.004	0.006	0.013
Current Kretek Cigarette Smokers	0.002	0.001	9,283	2.572	0.337	0.002	0.001	0.004
Current Users of Smokeless Tobacco	0.005	0.001	9,139	3.140	0.255	0.003	0.003	0.008
Daily Tobacco Smoker	0.012	0.003	9,283	6.015	0.227	0.005	0.007	0.018
Daily Cigarette Smokers	0.012	0.003	9,283	6.187	0.234	0.005	0.006	0.017
Daily Users of Smokeless Tobacco	0.001	0.000	9,139	1.791	0.478	0.001	0.000	0.002
Former Daily Tobacco Smokers Among All Adults	0.022	0.004	9,283	5.759	0.166	0.007	0.015	0.029
Former Tobacco Smokers Among Ever Daily Smokers	0.523	0.066	248	4.303	0.126	0.129	0.395	0.652
Time to First Tobacco use within 5 minutes of waking	0.147	0.054	71	1.651	0.369	0.106	0.041	0.253
Time to First Tobacco use within 6-30 minutes of waking	0.171	0.065	71	2.069	0.377	0.127	0.045	0.298
Smoking Quit Attempt in the Past 12 Months	0.482	0.073	229	4.897	0.151	0.143	0.339	0.625
Health Care Provider Asked about Smoking	0.795	0.065	117	3.062	0.082	0.128	0.666	0.923
Health Care Provider Advised Quitting Smoking	0.530	0.095	117	4.250	0.180	0.187	0.344	0.717
Use of Pharmacotherapy for Smoking Cessation	0.012	0.011	125	1.330	0.955	0.022	-0.010	0.033
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.132	0.072	126	5.736	0.547	0.142	-0.010	0.274
Planning to quit, thinking about quitting, or will quit smoking	0.718	0.064	215	4.303	0.089	0.125	0.593	0.843
Exposure to Secondhand at Home	0.035	0.004	9,131	3.486	0.102	0.007	0.028	0.042
Exposure to Secondhand at Workplace	0.037	0.008	1,289	2.380	0.219	0.016	0.021	0.053
Exposure to Secondhand in Government Buildings/Offices	0.018	0.003	9,171	5.638	0.181	0.006	0.012	0.025
Exposure to Secondhand in Health Care Facilities	0.032	0.004	9,183	5.030	0.128	0.008	0.024	0.040
Exposure to Secondhand in Restaurants	0.049	0.006	9,207	6.091	0.113	0.011	0.038	0.060
Exposure to Secondhand in Public Transportation	0.053	0.007	9,188	9.137	0.133	0.014	0.039	0.067
Last cigarette purchase in store	0.654	0.080	154	4.319	0.122	0.156	0.498	0.810
Last cigarette purchase at kiosk	0.006	0.005	154	0.543	0.751	0.009	-0.003	0.015
Noticed Anti-tobacco Information on radio or television	0.576	0.017	9,248	10.951	0.029	0.033	0.543	0.610
Noticed Health Warning Labels on Cigarette Packages	0.788	0.056	209	3.917	0.071	0.110	0.678	0.897
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.477	0.086	207	6.194	0.181	0.169	0.308	0.646
Noticed Any Cigarette Advertisement or Promotion	0.335	0.017	9,124	12.368	0.052	0.034	0.301	0.369
Noticed Cigarette Marketing in Stores Where Cigarettes are Sold	0.150	0.010	9,230	7.125	0.066	0.019	0.131	0.170
Believes that Tobacco Smoking Causes Serious Illness	0.919	0.008	9,270	7.112	0.008	0.015	0.904	0.934
Believes that Tobacco Smoking Causes Strokes	0.744	0.012	9,273	6.896	0.016	0.023	0.721	0.767
Believes that Tobacco Smoking Causes Heart Attacks	0.838	0.009	9,269	5.487	0.011	0.018	0.821	0.856
Believes that Tobacco Smoking Causes Lung Cancer	0.972	0.003	9,272	2.606	0.003	0.005	0.967	0.978
Believes that Using Smokeless Tobacco Causes Serious Illness	0.838	0.010	9,263	7.275	0.012	0.020	0.818	0.858
Believes that Secondhand Causes Serious Illness in Non-Smokers	0.875	0.009	9,277	7.142	0.010	0.018	0.857	0.893
Number of Cigarettes Smoked per Day (by daily smokers)	10.083	1.708	57	2.522	0.169	3.348	6.735	13.430
Time since Quitting Smoking (in years)	19.066	2.434	122	4.967	0.128	4.770	14.296	23.836
Monthly Expenditures on Manufactured Cigarettes	52.250	23.307	116	1.642	0.446	45.682	6.567	97.932
Age at Daily Smoking Initiation Among Adult Age 20-34	17.411	0.542	39	3.398	0.031	1.063	16.348	18.474
Average Amount Spent on 20 Manufactured Cigarettes	6.924	3.112	116	0.956	0.450	6.100	0.823	13.024
Price paid per 100 pack of manufactured cigarettes	692.352	311.246	116	0.956	0.450	610.043	82.309	1,302.395

Urban								
Indicator	Estimate (R)	Standard Error (SE)	Sample size (n)	Design Effect (DEFF)	Relative Error (SE/R)	Margin of Error (MOE)	Confidence Limits	
							Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.071	0.009	6,151	8.067	0.131	0.018	0.053	0.089
Current Tobacco Smokers	0.068	0.009	6,252	8.418	0.136	0.018	0.050	0.086
Current Cigarette Smokers	0.067	0.009	6,252	8.572	0.138	0.018	0.049	0.085
Current Manufactured Cigarette Smokers	0.066	0.009	6,252	8.631	0.139	0.018	0.048	0.084
Current Hand-rolled Cigarette Smokers	0.019	0.004	6,252	4.989	0.201	0.008	0.012	0.027
Current Kretek Cigarette Smokers	0.008	0.002	6,252	3.745	0.276	0.004	0.004	0.012
Current Users of Smokeless Tobacco	0.009	0.002	6,138	3.720	0.261	0.004	0.004	0.013
Daily Tobacco Smoker	0.032	0.006	6,252	6.903	0.181	0.012	0.021	0.044
Daily Cigarette Smokers	0.028	0.005	6,252	4.972	0.166	0.009	0.019	0.037
Daily Users of Smokeless Tobacco	0.001	0.000	6,138	0.847	0.384	0.001	0.000	0.002
Former Daily Tobacco Smokers Among All Adults	0.027	0.004	6,252	3.333	0.138	0.007	0.020	0.034
Former Tobacco Smokers Among Ever Daily Smokers	0.343	0.049	390	4.134	0.142	0.096	0.247	0.439
Time to First Tobacco use within 5 minutes of waking	0.141	0.040	149	2.005	0.287	0.079	0.062	0.220
Time to First Tobacco use within 6-30 minutes of waking	0.302	0.081	149	4.574	0.267	0.158	0.144	0.460
Smoking Quit Attempt in the Past 12 Months	0.424	0.057	341	4.583	0.135	0.112	0.312	0.537
Health Care Provider Asked about Smoking	0.774	0.051	147	2.178	0.066	0.100	0.674	0.874
Health Care Provider Advised Quitting Smoking	0.637	0.069	147	3.031	0.109	0.136	0.501	0.772
Use of Pharmacotherapy for Smoking Cessation	0.067	0.025	188	1.888	0.375	0.049	0.018	0.116
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.126	0.040	188	2.721	0.317	0.078	0.048	0.204
Planning to quit, thinking about quitting, or will quit smoking	0.638	0.043	316	2.554	0.068	0.085	0.553	0.723
Exposure to Secondhand at Home	0.045	0.005	6,198	4.031	0.118	0.010	0.035	0.055
Exposure to Secondhand at Workplace	0.056	0.009	1,742	2.843	0.166	0.018	0.038	0.074
Exposure to Secondhand in Government Buildings/Offices	0.026	0.005	6,199	5.053	0.174	0.009	0.017	0.035
Exposure to Secondhand in Health Care Facilities	0.031	0.003	6,213	2.548	0.113	0.007	0.024	0.038
Exposure to Secondhand in Restaurants	0.072	0.007	6,225	4.862	0.100	0.014	0.058	0.086
Exposure to Secondhand in Public Transportation	0.053	0.006	6,224	4.260	0.110	0.012	0.042	0.065
Last cigarette purchase in store	0.634	0.054	286	3.555	0.085	0.105	0.529	0.740
Last cigarette purchase at kiosk	0.004	0.002	286	0.379	0.606	0.004	-0.001	0.008
Noticed Anti-tobacco Information on radio or television	0.545	0.017	6,243	7.564	0.032	0.034	0.511	0.579
Noticed Health Warning Labels on Cigarette Packages	0.789	0.065	318	8.088	0.082	0.127	0.662	0.917
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.385	0.058	313	4.437	0.151	0.114	0.271	0.498
Noticed Any Cigarette Advertisement or Promotion	0.389	0.018	6,198	8.515	0.046	0.035	0.354	0.424
Noticed Cigarette Marketing in Stores Where Cigarettes are Sold	0.185	0.013	6,242	6.612	0.068	0.025	0.161	0.210
Believes that Tobacco Smoking Causes Serious Illness	0.907	0.009	6,246	6.013	0.010	0.018	0.889	0.925
Believes that Tobacco Smoking Causes Strokes	0.759	0.012	6,249	4.808	0.016	0.023	0.735	0.782
Believes that Tobacco Smoking Causes Heart Attacks	0.860	0.009	6,249	3.980	0.010	0.017	0.843	0.877
Believes that Tobacco Smoking Causes Lung Cancer	0.982	0.003	6,250	3.012	0.003	0.006	0.976	0.988
Believes that Using Smokeless Tobacco Causes Serious Illness	0.827	0.012	6,244	6.170	0.014	0.023	0.803	0.850
Believes that Secondhand Causes Serious Illness in Non-Smokers	0.886	0.009	6,249	5.222	0.010	0.018	0.868	0.904
Number of Cigarettes Smoked per Day (by daily smokers)	15.050	1.671	128	4.620	0.111	3.275	11.775	18.325
Time since Quitting Smoking (in years)	16.854	1.719	158	4.901	0.102	3.370	13.484	20.223
Monthly Expenditures on Manufactured Cigarettes	78.791	20.604	227	1.341	0.262	40.385	38.406	119.175
Age at Daily Smoking Initiation Among Adult Age 20-34	17.093	0.471	86	3.561	0.028	0.923	16.170	18.016
Average Amount Spent on 20 Manufactured Cigarettes	6.836	2.271	227	1.907	0.332	4.451	2.386	11.287
Price paid per 100 pack of manufactured cigarettes	683.637	227.079	227	1.907	0.332	445.076	238.562	1,128.713

Rural								
Indicator	Estimate (R)	Standard Error (SE)	Sample size (n)	Design Effect (DEFF)	Relative Error (SE/R)	Margin of Error (MOE)	Confidence Limits	
							Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.042	0.005	5,800	3.350	0.114	0.009	0.033	0.051
Current Tobacco Smokers	0.039	0.005	5,901	3.256	0.116	0.009	0.030	0.048
Current Cigarette Smokers	0.034	0.004	5,901	2.745	0.115	0.008	0.026	0.041
Current Manufactured Cigarette Smokers	0.031	0.004	5,901	2.614	0.116	0.007	0.024	0.039
Current Hand-rolled Cigarette Smokers	0.014	0.002	5,901	1.913	0.152	0.004	0.010	0.018
Current Kretek Cigarette Smokers	0.007	0.002	5,901	2.252	0.228	0.003	0.004	0.010
Current Users of Smokeless Tobacco	0.004	0.001	5,792	2.423	0.311	0.003	0.002	0.007
Daily Tobacco Smoker	0.018	0.003	5,901	2.516	0.150	0.005	0.013	0.024
Daily Cigarette Smokers	0.015	0.003	5,901	2.624	0.170	0.005	0.010	0.020
Daily Users of Smokeless Tobacco	0.001	0.001	5,792	2.187	0.552	0.001	0.000	0.003
Former Daily Tobacco Smokers Among All Adults	0.027	0.003	5,901	2.451	0.122	0.006	0.021	0.033
Former Tobacco Smokers Among Ever Daily Smokers	0.492	0.039	412	2.588	0.080	0.077	0.415	0.569
Time to First Tobacco use within 5 minutes of waking	0.178	0.045	134	1.898	0.255	0.089	0.089	0.268
Time to First Tobacco use within 6-30 minutes of waking	0.245	0.066	134	3.199	0.271	0.130	0.115	0.375
Smoking Quit Attempt in the Past 12 Months	0.546	0.051	302	3.229	0.094	0.101	0.446	0.647
Health Care Provider Asked about Smoking	0.593	0.071	121	2.527	0.120	0.139	0.454	0.732
Health Care Provider Advised Quitting Smoking	0.485	0.082	121	3.273	0.169	0.161	0.324	0.645
Use of Pharmacotherapy for Smoking Cessation	0.059	0.022	172	1.494	0.372	0.043	0.016	0.102
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.119	0.031	172	1.583	0.260	0.061	0.058	0.180
Planning to quit, thinking about quitting, or will quit smoking	0.663	0.048	283	2.937	0.072	0.094	0.569	0.757
Exposure to Secondhand at Home	0.041	0.005	5,749	3.907	0.125	0.010	0.031	0.052
Exposure to Secondhand at Workplace	0.059	0.015	642	2.625	0.255	0.029	0.029	0.088
Exposure to Secondhand in Government Buildings/Offices	0.012	0.002	5,852	2.424	0.186	0.004	0.007	0.016
Exposure to Secondhand in Health Care Facilities	0.023	0.003	5,858	3.180	0.152	0.007	0.016	0.030
Exposure to Secondhand in Restaurants	0.031	0.005	5,865	4.778	0.160	0.010	0.021	0.040
Exposure to Secondhand in Public Transportation	0.043	0.005	5,859	4.049	0.123	0.010	0.033	0.054
Last cigarette purchase in store	0.696	0.053	214	2.812	0.075	0.103	0.593	0.799
Last cigarette purchase at kiosk	0.055	0.024	214	2.328	0.429	0.047	0.009	0.102
Noticed Anti-tobacco Information on radio or television	0.642	0.022	5,881	12.010	0.034	0.042	0.599	0.684
Noticed Health Warning Labels on Cigarette Packages	0.742	0.046	290	3.232	0.062	0.090	0.652	0.832
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.538	0.053	289	3.276	0.098	0.104	0.434	0.641
Noticed Any Cigarette Advertisement or Promotion	0.291	0.018	5,792	9.584	0.063	0.036	0.255	0.327
Noticed Cigarette Marketing in Stores Where Cigarettes are Sold	0.118	0.010	5,868	5.356	0.082	0.019	0.099	0.137
Believes that Tobacco Smoking Causes Serious Illness	0.915	0.008	5,893	4.883	0.009	0.016	0.899	0.931
Believes that Tobacco Smoking Causes Strokes	0.701	0.018	5,892	8.758	0.025	0.034	0.666	0.735
Believes that Tobacco Smoking Causes Heart Attacks	0.792	0.013	5,894	6.331	0.017	0.026	0.766	0.818
Believes that Tobacco Smoking Causes Lung Cancer	0.957	0.005	5,897	3.305	0.005	0.009	0.948	0.967
Believes that Using Smokeless Tobacco Causes Serious Illness	0.843	0.012	5,889	6.266	0.014	0.023	0.820	0.866
Believes that Secondhand Causes Serious Illness in Non-Smokers	0.870	0.011	5,897	6.346	0.013	0.021	0.849	0.892
Number of Cigarettes Smoked per Day (by daily smokers)	14.220	2.354	100	1.518	0.166	4.613	9.607	18.834
Time since Quitting Smoking (in years)	19.077	1.370	204	1.080	0.072	2.686	16.391	21.763
Monthly Expenditures on Manufactured Cigarettes	48.346	14.042	165	0.219	0.290	27.522	20.824	75.869
Age at Daily Smoking Initiation Among Adult Age 20-34	16.449	0.470	60	0.639	0.029	0.922	15.527	17.371
Average Amount Spent on 20 Manufactured Cigarettes	4.722	1.401	165	0.258	0.297	2.745	1.977	7.467
Price paid per 100 pack of manufactured cigarettes	472.236	140.051	165	0.258	0.297	274.501	197.735	746.736

Indigenous								
Indicator	Estimate (R)	Standard Error (SE)	Sample size (n)	Design Effect (DEFF)	Relative Error (SE/R)	Margin of Error (MOE)	Confidence Limits	
							Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.072	0.006	4,762	2.540	0.081	0.011	0.060	0.083
Current Tobacco Smokers	0.069	0.006	4,809	2.521	0.083	0.011	0.058	0.080
Current Cigarette Smokers	0.058	0.006	4,809	2.866	0.097	0.011	0.047	0.069
Current Manufactured Cigarette Smokers	0.056	0.006	4,809	2.950	0.100	0.011	0.045	0.067
Current Hand-rolled Cigarette Smokers	0.019	0.003	4,809	2.451	0.158	0.006	0.013	0.025
Current Kretek Cigarette Smokers	0.008	0.002	4,809	1.618	0.204	0.003	0.005	0.011
Current Users of Smokeless Tobacco	0.008	0.002	4,740	1.753	0.208	0.003	0.005	0.012
Daily Tobacco Smoker	0.013	0.002	4,809	1.774	0.161	0.004	0.009	0.018
Daily Cigarette Smokers	0.010	0.002	4,809	1.889	0.199	0.004	0.006	0.013
Daily Users of Smokeless Tobacco	0.001	0.000	4,740	0.631	0.474	0.001	0.000	0.001
Former Daily Tobacco Smokers Among All Adults	0.012	0.002	4,809	1.102	0.133	0.003	0.009	0.016
Former Tobacco Smokers Among Ever Daily Smokers	0.268	0.033	270	1.603	0.125	0.066	0.202	0.334
Time to First Tobacco use within 5 minutes of waking	0.158	0.063	69	2.158	0.402	0.124	0.033	0.282
Time to First Tobacco use within 6-30 minutes of waking	0.154	0.060	69	1.950	0.387	0.117	0.037	0.271
Smoking Quit Attempt in the Past 12 Months	0.578	0.041	387	2.804	0.071	0.081	0.497	0.659
Health Care Provider Asked about Smoking	0.513	0.085	94	2.819	0.166	0.167	0.347	0.680
Health Care Provider Advised Quitting Smoking	0.380	0.073	94	2.233	0.193	0.144	0.236	0.524
Use of Pharmacotherapy for Smoking Cessation	0.024	0.022	196	4.097	0.907	0.043	-0.019	0.067
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.052	0.028	197	3.219	0.535	0.055	-0.003	0.107
Planning to quit, thinking about quitting, or will quit smoking	0.672	0.037	370	2.365	0.055	0.072	0.600	0.744
Exposure to Secondhand at Home	0.048	0.005	4,699	2.984	0.111	0.010	0.037	0.058
Exposure to Secondhand at Workplace	0.058	0.020	199	1.437	0.335	0.038	0.020	0.097
Exposure to Secondhand in Government Buildings/Offices	0.010	0.002	4,723	1.974	0.197	0.004	0.006	0.014
Exposure to Secondhand in Health Care Facilities	0.022	0.003	4,726	1.924	0.132	0.006	0.016	0.028
Exposure to Secondhand in Restaurants	0.017	0.003	4,745	2.579	0.175	0.006	0.011	0.023
Exposure to Secondhand in Public Transportation	0.043	0.006	4,722	3.858	0.133	0.011	0.031	0.054
Last cigarette purchase in store	0.758	0.037	276	2.194	0.049	0.073	0.685	0.832
Last cigarette purchase at kiosk	0.046	0.018	276	2.097	0.391	0.035	0.011	0.081
Noticed Anti-tobacco Information on radio or television	0.483	0.015	4,775	4.530	0.031	0.030	0.454	0.513
Noticed Health Warning Labels on Cigarette Packages	0.556	0.040	370	2.549	0.073	0.079	0.477	0.635
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0.390	0.040	364	2.599	0.104	0.079	0.311	0.469
Noticed Any Cigarette Advertisement or Promotion	0.223	0.011	4,695	3.129	0.047	0.021	0.202	0.243
Noticed Cigarette Marketing in Stores Where Cigarettes are Sold	0.095	0.008	4,764	3.614	0.083	0.016	0.080	0.111
Believes that Tobacco Smoking Causes Serious Illness	0.852	0.009	4,795	2.979	0.010	0.017	0.835	0.869
Believes that Tobacco Smoking Causes Strokes	0.577	0.013	4,792	3.690	0.023	0.026	0.551	0.604
Believes that Tobacco Smoking Causes Heart Attacks	0.703	0.012	4,790	3.265	0.017	0.023	0.680	0.726
Believes that Tobacco Smoking Causes Lung Cancer	0.864	0.008	4,792	2.568	0.009	0.015	0.848	0.879
Believes that Using Smokeless Tobacco Causes Serious Illness	0.781	0.013	4,793	4.894	0.017	0.025	0.755	0.806
Believes that Secondhand Causes Serious Illness in Non-Smokers	0.746	0.012	4,800	3.497	0.015	0.023	0.723	0.769
Number of Cigarettes Smoked per Day (by daily smokers)	7.851	1.996	62	0.135	0.254	3.913	3.938	11.764
Time since Quitting Smoking (in years)	18.417	1.641	88	0.203	0.089	3.217	15.200	21.634
Monthly Expenditures on Manufactured Cigarettes	25.640	8.037	205	0.294	0.313	15.753	9.888	41.393
Age at Daily Smoking Initiation Among Adult Age 20-34	15.854	0.420	60	0.174	0.026	0.823	15.031	16.677
Average Amount Spent on 20 Manufactured Cigarettes	6.411	2.465	205	0.048	0.384	4.831	1.581	11.242
Price paid per 100 pack of manufactured cigarettes	641.144	246.461	205	0.048	0.384	483.063	158.081	1,124.207

APPENDIX G

Panama Questionnaire Programming Specifications Full Study

Household Questionnaire

INTRO

[THE HOUSEHOLD SCREENING RESPONDENT SHOULD BE 18 YEARS OF AGE OR OLDER AND YOU MUST BE CONFIDENT THAT THIS PERSON CAN PROVIDE ACCURATE INFORMATION ABOUT ALL MEMBERS OF THE HOUSEHOLD. IF NEEDED, VERIFY THE AGE OF THE HOUSEHOLD SCREENING RESPONDENT TO MAKE SURE HE/SHE IS 18 YEARS OF AGE OR OLDER.

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

INTRO1

An important survey of adult tobacco use behavior is being conducted by the Ministry of Health, Statistic and Census National Institute and Gorgas Memorial Institute of Health Studies throughout Panama and your household has been selected to participate.

All houses selected were chosen from a scientific sample and it is very important to the success of this project that each participates in the survey. All information gathered will be kept strictly confidential. I have a few questions to find out who in your household is eligible to participate.

HH1

First, I'd like to ask you a few questions about your household. In total, how many persons live in this household?

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

_____ [RANGE: 0 – 50]

[IF HH1 = 00, GO TO NOELIGIBLE]

HH2

How many of these household members are 15 years of age or older?

_____ [RANGE: 0 – 20]

[VALIDATION: HH2 <= HH1 (IF NOT, GO TO TooMany)]

[IF HH2 = 00, GO TO NOELIGIBLE]

[ELSE GO TO HH4both]

TooMany

[YOU CAN'T/SHOULDN'T HAVE MORE PEOPLE >= 15 YEARS OLD THAN THERE ARE TOTAL HH MEMBERS; PLEASE DOUBLE CHECK THE ANSWERS SO FAR.]

[GO TO HH2]

HH4both

I now would like to collect information about only these persons that live in this household who are 15 years of age or older.

Let's start listing them from oldest to youngest.

HH4a

What is the {Fill1_0} person's first name?

HH4b

What is this person's age?

[IF RESPONDENT DOESN'T KNOW, PROBE FOR AN ESTIMATE]

_____ [RANGE: 15 – 110]
[IF HH4b >= 15 and <=17, GO TO HH4c. OTHERWISE, GO TO HH4d]

HH4c

What is the month of this person's date 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'T KNOW..... 77
- REFUSED..... 99

HH4cYEAR

What is the year of this person's date of birth?

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

____ [RANGE: 1900 – 2000, 7777, 9999]

[IF HH4c = 77 OR HH4c = 99 OR HH4cYear = 7777 OR HH4cYear = 9999, THEN GO TO HH4d]
[VALIDATION: CALCULATED DATE OF BIRTH >= 15 YEARS OLD (IF NOT, GO TO ValidateAge)]
[ELSE, GO TO HH4d]

ValidateAge

[AGE CALCULATED FROM BIRTH MONTH AND BIRTH YEAR IS LESS THAN 15. PLEASE DOUBLE CHECK THESE ANSWERS.]

[GO TO HH4c]

HH4d

Is this person male or female?

- MALE 1
- FEMALE..... 2

HH4e

Does this person currently smoke tobacco, including cigarettes, cigars, pipes, hookah, or others?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

EDITROSTERINTRO

[IF YOU NEED TO REVIEW THE ROSTER, SELECT "ROSTER" FROM THE TOOLS MENU.

TAP THE BACK BUTTON IF YOU NEED TO MAKE CHANGES.

TAP THE NEXT BUTTON TO SELECT THE RESPONDENT.]

HH5

[NAME OF THE SELECTED ELIGIBLE PERSON IS:

{SelName}

ASK IF THE SELECTED RESPONDENT IS AVAILABLE AND IF SO, PROCEED TO THE INDIVIDUAL QUESTIONNAIRE.

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

[PROGRAM: DON'T ALLOW BREAK-OFF FROM TOOLS MENU]
[SET {HH5Flag}="1"]
[GO TO CodeEvents]

NOELIGIBLE

[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.]

[Set {NoEFlag}="1";]

CodeEvents

if {HH5Flag} = "1" then set {EventCode} = "200";
if {NoEflag} = "1" then set {EventCode} = "201";
if {HH5Flag} = "1" then set {EventComment} = "Screener Complete";
if {NoEflag} = "1" then set {EventComment} = "Screener Complete No Eligibles";

END

END OF HOUSEHOLD QUESTIONNAIRE

Individual Questionnaire

Consent

CONSENT1

[SELECT THE APPROPRIATE AGE CATEGORY BELOW. 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) 3 [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, BREAK-OFF INTERVIEW AND SCHEDULE AN APPOINTMENT TO RETURN.

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

CONSENT3

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

I am working with the Ministry of Health. This institution is collecting information about tobacco use in Panama. This information will be used for public health purposes by the Ministry of Health.

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

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 anyone else, not even other family members including you. [NAME OF RESPONDENT] can withdraw from the study at any time, and may refuse to answer any question.

We will leave the necessary contact information with you. If you have any questions about this survey, you can contact the telephone numbers listed.

If you agree with [NAME OF RESPONDENT]'s participation in this survey, we will conduct a private interview with him/her.

[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]
NOT PRESENT..... 2 [GO TO CONSENT5]

CONSENT5

[READ TO THE SELECTED RESPONDENT:]

I am working with the Ministry of Health. This institution is collecting information about tobacco use in Panama. This information will be used for public health purposes by the Ministry of Health.

Your household and you have been selected at random. Your responses are very important to us and the community, as these answers will represent many other persons. The interview will last around 30 minutes. Your participation in this survey is entirely voluntary. The information that you will provide us will be kept strictly confidential, and you will not be identified by your responses. Personal information will not be shared with anyone else, not even other family members. You can withdraw from the study at any time, and may refuse to answer any question.

We will leave the necessary contact information with you. If you have any questions about this survey, you can contact the telephone numbers listed.

{Consent5Text}

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

CONSENT6

[ASK SELECTED RESPONDENT:] Do you agree to participate?

- YES..... 1 [GO TO A00]
NO..... 2 [GO TO END INTERVIEW]

Section A. Background Characteristics

A00

I am going to first ask you a few questions about your background.

A01

[RECORD GENDER FROM OBSERVATION. ASK IF NECESSARY.]

- MALE..... 1
FEMALE..... 2

A02a

What is the month of your date 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'T KNOW..... 77
- REFUSED..... 99

A02b

What is the year of your date of birth?

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

_____ [RANGE: 1900 – 2000, 7777, 9999]

[IF A02a = 77 OR A02b = 7777 OR A02a = 99 OR A02b = 9999, THEN GO TO A03]
[VALIDATION: CALCULATED DATE OF BIRTH >= 15 YEARS OLD (IF NOT, GO TO ValidateAge)]
[OTHERWISE, GO TO A04]

A03

How old are you?

[IF RESPONDENT IS UNSURE, PROBE FOR AN ESTIMATE AND RECORD AN ANSWER
IF REFUSED, BREAK-OFF AS WE CANNOT CONTINUE INTERVIEW WITHOUT AGE]

_____ [RANGE: 5 - 110]

[VALIDATION: A03 >= 15 (IF NOT, GO TO ValidateAge2)]
[OTHERWISE GO TO A03a]

ValidateAge

[MUST BE GREATER THAN OR EQUAL TO 15 YEARS OF AGE TO PARTICIPATE. SYSTEM AGE CALCULATED TO BE {CalcYears}]

IF AGE IS CORRECT, SELECT "NEXT" TO END INTERVIEW AND TALK TO YOUR SUPERVISOR

OTHERWISE SELECT "BACK" TO CORRECT THE DATE OF BIRTH]

[GO TO J01]

ValidateAge2

[MUST BE GREATER THAN OR EQUAL TO 15 YEARS OF AGE TO PARTICIPATE. AGE IS REPORTED AS {A03}]

IF AGE IS CORRECT, SELECT "NEXT" TO END INTERVIEW AND TALK TO YOUR SUPERVISOR

OTHERWISE SELECT "BACK" TO CORRECT THE AGE]

{A03}

[GO TO J01]

A03a

[WAS RESPONSE ESTIMATED?]

- YES..... 1
- NO 2
- DON'T KNOW..... 7

A04

What is the highest level of education you have completed?

[SELECT ONLY ONE CATEGORY]

- NO FORMAL SCHOOLING 1
- SPECIAL EDUCATION..... 2
- LESS THAN PRIMARY SCHOOL COMPLETED 3
- PRIMARY SCHOOL COMPLETED 4
- LESS THAN SECONDARY SCHOOL COMPLETED 5
- SECONDARY SCHOOL COMPLETED..... 6
- VOCATIONAL 7
- SUPERIOR NO UNIVERSITY..... 8
- COLLEGE/UNIVERSITY COMPLETED 9
- POST GRADUATE DEGREE COMPLETED 10
- DON'T KNOW..... 77
- REFUSED..... 99

A05

Which of the following best describes 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?

[INCLUDE SUBSISTENCE FARMING 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

AA5

Did you work last week?

- YES..... 1
- NO 2
- REFUSED..... 9

A06a

Please tell me whether this household or any person who lives in the household has the following items:

Electricity?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

A06b

(Please tell me whether this household or any person who lives in the household has the following items:)

Flush toilet?

- YES..... 1

NO 2
DON'T KNOW..... 7
REFUSED..... 9

A06c

(Please tell me whether this household or any person who lives in the household has the following items:)

Fixed telephone?

YES..... 1
NO 2
DON'T KNOW..... 7
REFUSED..... 9

A06d

(Please tell me whether this household or any person who lives in the household has the following items:)

Cell telephone?

YES..... 1
NO 2
DON'T KNOW..... 7
REFUSED..... 9

A06k

(Please tell me whether this household or any person who lives in the household has the following items:)

Computer?

YES..... 1
NO 2
DON'T KNOW..... 7
REFUSED..... 9

A06e

(Please tell me whether this household or any person who lives in the household has the following items:)

Television?

YES..... 1
NO 2
DON'T KNOW..... 7
REFUSED..... 9

A06l

(Please tell me whether this household or any person who lives in the household has the following items:)

DVD player?

YES..... 1
NO 2
DON'T KNOW..... 7
REFUSED..... 9

A06m

(Please tell me whether this household or any person who lives in the household has the following items:)

Videocassette player?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

A06f

(Please tell me whether this household or any person who lives in the household has the following items:)

Radio?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

A06g

(Please tell me whether this household or any person who lives in the household has the following items:)

Refrigerator?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

A06j

(Please tell me whether this household or any person who lives in the household has the following items:)

Washer?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

A06n

(Please tell me whether this household or any person who lives in the household has the following items:)

Heater (water, gas or electric)?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

A06o

(Please tell me whether this household or any person who lives in the household has the following items:)

Microwave oven?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

A06p

(Please tell me whether this household or any person who lives in the household has the following items:)

Grill?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

A06q

(Please tell me whether this household or any person who lives in the household has the following items:)

Blender?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

A06r

(Please tell me whether this household or any person who lives in the household has the following items:)

Fan?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

A06s

(Please tell me whether this household or any person who lives in the household has the following items:)

A/C unit?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

A06h

(Please tell me whether this household or any person who lives in the household has the following items:)

Car?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

A06i

(Please tell me whether this household or any person who lives in the household has the following items:)

Moped/scooter/motorcycle?

YES..... 1
NO..... 2
DON'T KNOW..... 7
REFUSED..... 9

A06t

(Please tell me whether this household or any person who lives in the household has the following items:)

Bicycle?

YES..... 1
NO..... 2
DON'T KNOW..... 7
REFUSED..... 9

A06u

(Please tell me whether this household or any person who lives in the household has the following items:)

Tractor, harvester or other agricultural vehicles?

YES..... 1
NO..... 2
DON'T KNOW..... 7
REFUSED..... 9

A06v

(Please tell me whether this household or any person who lives in the household has the following items:)

Truck?

YES..... 1
NO..... 2
DON'T KNOW..... 7
REFUSED..... 9

A06w

(Please tell me whether this household or any person who lives in the household has the following items:)

Boat?

YES..... 1
NO..... 2
DON'T KNOW..... 7
REFUSED..... 9

A06x

(Please tell me whether this household or any person who lives in the household has the following items:)

Canoe?

YES..... 1
NO..... 2
DON'T KNOW..... 7
REFUSED..... 9

A06y

(Please tell me whether this household or any person who lives in the household has the following items:)

Pirogue?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

A06z

(Please tell me whether this household or any person who lives in the household has the following items:)

Horse or ox?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

AA7a

Are you insured directly or are you a beneficiary?

[REFERS TO ANY TYPE OF PUBLIC OR PRIVATE HEALTH INSURANCE]

- INSURED 1
- BENEFICIARY 2
- I AM NOT INSURED NOR A BENEFICIARY 3
- DON'T KNOW..... 7
- REFUSED..... 9

AA7b

Do you have social security?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

AA7c

Do you have private health insurance?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

AA8a

What is the average monthly family income (in US dollars)?

- NONE..... 1

1 TO 74	<input type="checkbox"/>	2
75 TO 99.....	<input type="checkbox"/>	3
100 TO 124.....	<input type="checkbox"/>	4
125 TO 149.....	<input type="checkbox"/>	5
150 TO 174.....	<input type="checkbox"/>	6
175 TO 199.....	<input type="checkbox"/>	7
200 TO 249.....	<input type="checkbox"/>	8
250 TO 299.....	<input type="checkbox"/>	9
300 TO 399.....	<input type="checkbox"/>	10
400 TO 499.....	<input type="checkbox"/>	11
500 TO 599.....	<input type="checkbox"/>	12
600 TO 699.....	<input type="checkbox"/>	13
700 TO 799.....	<input type="checkbox"/>	14
800 TO 899.....	<input type="checkbox"/>	15
900 TO 999.....	<input type="checkbox"/>	16
1000 TO 1499.....	<input type="checkbox"/>	17
1500 TO 1999.....	<input type="checkbox"/>	18
2000 OR MORE.....	<input type="checkbox"/>	19
DON'T KNOW	<input type="checkbox"/>	77
DIDN'T ANSWER.....	<input type="checkbox"/>	99

AA8b

How much are the family's average monthly expenses (in US dollars)?

NONE.....	<input type="checkbox"/>	1
1 TO 74	<input type="checkbox"/>	2
75 TO 99.....	<input type="checkbox"/>	3
100 TO 124.....	<input type="checkbox"/>	4
125 TO 149.....	<input type="checkbox"/>	5
150 TO 174.....	<input type="checkbox"/>	6
175 TO 199.....	<input type="checkbox"/>	7
200 TO 249.....	<input type="checkbox"/>	8
250 TO 299.....	<input type="checkbox"/>	9
300 TO 399.....	<input type="checkbox"/>	10
400 TO 499.....	<input type="checkbox"/>	11
500 TO 599.....	<input type="checkbox"/>	12
600 TO 699.....	<input type="checkbox"/>	13
700 TO 799.....	<input type="checkbox"/>	14
800 TO 899.....	<input type="checkbox"/>	15
900 TO 999.....	<input type="checkbox"/>	16
1000 TO 1499.....	<input type="checkbox"/>	17
1500 TO 1999.....	<input type="checkbox"/>	18
2000 OR MORE.....	<input type="checkbox"/>	19
DON'T KNOW	<input type="checkbox"/>	77
DIDN'T ANSWER.....	<input type="checkbox"/>	99

AA8c

What is your average monthly income (in US dollars)?

NONE.....	<input type="checkbox"/>	1
1 TO 74	<input type="checkbox"/>	2

75 TO 99.....	<input type="checkbox"/>	3.
100 TO 124.....	<input type="checkbox"/>	4
125 TO 149.....	<input type="checkbox"/>	5
150 TO 174.....	<input type="checkbox"/>	6
175 TO 199.....	<input type="checkbox"/>	7
200 TO 249.....	<input type="checkbox"/>	8
250 TO 299.....	<input type="checkbox"/>	9
300 TO 399.....	<input type="checkbox"/>	10
400 TO 499.....	<input type="checkbox"/>	11
500 TO 599.....	<input type="checkbox"/>	12
600 TO 699.....	<input type="checkbox"/>	13
700 TO 799.....	<input type="checkbox"/>	14
800 TO 899.....	<input type="checkbox"/>	15
900 TO 999.....	<input type="checkbox"/>	16
1000 TO 1499.....	<input type="checkbox"/>	17
1500 TO 1999.....	<input type="checkbox"/>	18
2000 OR MORE.....	<input type="checkbox"/>	19
DON'T KNOW.....	<input type="checkbox"/>	77
DIDN'T ANSWER.....	<input type="checkbox"/>	99

AA8d

How much is your average monthly spending (in US dollars)?

NONE.....	<input type="checkbox"/>	1
1 TO 75.....	<input type="checkbox"/>	2
75 TO 99.....	<input type="checkbox"/>	3
100 TO 124.....	<input type="checkbox"/>	4
125 TO 149.....	<input type="checkbox"/>	5
150 TO 174.....	<input type="checkbox"/>	6
175 TO 199.....	<input type="checkbox"/>	7
200 TO 249.....	<input type="checkbox"/>	8
250 TO 299.....	<input type="checkbox"/>	9
300 TO 399.....	<input type="checkbox"/>	10
400 TO 499.....	<input type="checkbox"/>	11
500 TO 599.....	<input type="checkbox"/>	12
600 TO 699.....	<input type="checkbox"/>	13
700 TO 799.....	<input type="checkbox"/>	14
800 TO 899.....	<input type="checkbox"/>	15
900 TO 999.....	<input type="checkbox"/>	16
1000 TO 1499.....	<input type="checkbox"/>	17
1500 TO 1999.....	<input type="checkbox"/>	18
2000 OR MORE.....	<input type="checkbox"/>	19
DON'T KNOW.....	<input type="checkbox"/>	77
DIDN'T ANSWER.....	<input type="checkbox"/>	99

Section B. Tobacco Smoking

B00

I would now like to ask you some questions about *smoking* tobacco, including cigarettes, cigars, pipes.

Please do not answer about smokeless tobacco at this time.

B01

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

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

B02

Have you smoked tobacco daily in the past?

- YES 1 → GO TO B08
NO 2 → GO TO BB3
DON'T KNOW 7 → GO TO B10a
REFUSED 9 → GO TO B10a

B03

In the *past*, have you smoked 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 → GO TO B11
LESS THAN DAILY 2 → GO TO BB3
NOT AT ALL 3 → GO TO BB3
DON'T KNOW 7 → GO TO NEXT SECTION
REFUSED 9 → GO TO NEXT SECTION

BB3

Have you smoked at least 100 cigarettes or equivalent throughout your whole life?

- YES 1
NO 2
DON'T KNOW/NOT SURE 7
REFUSED 9

[IF B02=2, GO TO B10a. IF B03=2, GO TO B13a. IF B03=3, GO TO NEXT SECTION C]

[Current Daily Smokers]

B04

How old were you when you first started smoking tobacco *daily*?

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

___ [RANGE: 1 - 98, 99]

- [IF B04 = 99, GO TO B05]
[IF B04 = 1 - 4, GO TO CheckDailyAge1]
[IF B04 > R'S AGE, GO TO ValDailyAge1A]
[OTHERWISE GO TO B06a]

B05

How many years ago did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

____ [RANGE: 0 – 98, 99]

[IF B05 = 99, GO TO B06a]
[R'S AGE - B05 = AGE OF DAILY SMOKING INITIATION]
[IF AGE OF DAILY SMOKING INITIATION = 1 - 4, GO TO CheckDailyAge1]
[IF AGE OF DAILY SMOKING INITIATION IS <= 0, GO TO ValDailyAge1B]
[ELSE, GO TO B06a]

CheckDailyAge1

[YOU HAVE ENTERED AN AGE OF DAILY SMOKING INITIATION THAT IS LESS THAN 5
IF NOT CORRECT, SELECT BACK TO CHANGE
IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B06a]

ValDailyAge1A

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE
GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B04]

ValDailyAge1B

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE ZERO OR NEGATIVE
GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B05]

B06a

On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.

Manufactured cigarettes?

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

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

____ [RANGE: 0 – 200, 888, 999]

[IF B06a = 888, GO TO B06a1]
[IF B06a = 999, GO TO B06b]
[IF B06a = 1-3 or 100-200, GO TO ValidateB06a]
[OTHERWISE GO TO B06b]

ValidateB06a

[CONFIRM THAT THE RESPONDENT SMOKES {B06a} CIGARETTES PER DAY. (THIS SHOULD NOT BE REPORTED IN PACKS)

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B06b]

B06a1

On average, how many manufactured cigarettes do you currently smoke each week?

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

____ [RANGE: 0 – 200, 999]

[IF B06a1 = 1-3 or 100-200, GO TO ValidateB06a1]
[OTHERWISE GO TO B06b]

ValidateB06a1

[CONFIRM THAT THE RESPONDENT SMOKES {B06a1} CIGARETTES PER WEEK (THIS SHOULD NOT BE REPORTED IN PACKS)

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B06b]

B06b

(On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.)

Hand-rolled cigarettes?

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

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

____ [RANGE: 0 – 200, 888, 999]
[IF B06b = 888, GO TO B06b1. OTHERWISE GO TO B06c]

B06b1

On average, how many hand-rolled cigarettes do you currently smoke each week?

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

____ [RANGE: 0 – 200, 999]

B06c

(On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.)

Kreteks?

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

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

____ [RANGE: 0 – 200, 888, 999]
[IF B06c = 888, GO TO B06c1. OTHERWISE GO TO B06d]

B06c1

On average, how many kreteks do you currently smoke each week?

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

____ [RANGE: 0 – 200, 999]

B06d

(On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.)

Pipes full of tobacco?

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

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

____ [RANGE: 0 – 100, 888, 999]
[IF B06d = 888, GO TO B06d1. OTHERWISE GO TO B06e]

B06d1

On average, how many pipes full of tobacco do you currently smoke each week?

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

____ [RANGE: 0 – 100, 999]

B06e

(On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.)

Cigars, cheroots, or cigarillos?

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

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

____ [RANGE: 0 – 100, 888, 999]
[IF B06e = 888, GO TO B06e1. OTHERWISE GO TO B06f]

B06e1

On average, how many cigars, cheroots, or cigarillos do you currently smoke each week?

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

____ [RANGE: 0 – 100, 999]

B06f

(On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.)

Number of water pipe sessions per day (Narguile, Hookah, and similar)?

[IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

____ [RANGE: 0 – 100, 888, 999]
[IF B06f = 888, GO TO B06f1. OTHERWISE GO TO B06g]

B06f1

On average, how many water pipe sessions do you currently participate in each week?

____ [RANGE: 0 – 100, 999]

B06g

(On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.)

Any others?

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

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

____ [RANGE: 0 – 200, 888, 999]
[IF B06g = 1 – 200 OR 888, GO TO B06g1. OTHERWISE GO TO B06comp]

B06g1

Please specify the other type you currently smoke each day.

[IF B06g = 888, GO TO B06g2. OTHERWISE GO TO B07]

B06g2

On average, how many {B06g1} do you currently smoke each week?

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

____ [RANGE: 0 – 200, 999]

[GO TO B07]

B06comp

[If B06a=0 and B06b=0 and B06c=0 and B06d=0 and B06e=0 and B06f=0 and B06g=0, then go to B06valid. Otherwise, go to B07]

B06valid

[RESPONDENT HAS REPORTED SMOKING NO PRODUCTS DAILY, BUT SAID HE/SHE WAS A DAILY SMOKER

GO BACK TO CORRECT]

[GO TO B06a]

B07

How soon after you wake up do you usually have your first smoke? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, 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

[GO TO NEXT SECTION]

[Current Less Than Daily Smokers]

B08

How old were you when you first started smoking tobacco *daily*?

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

____ [RANGE: 1 – 98, 99]

[IF B08 = 99, GO TO B09]
[IF B08 = 1 – 4, GO TO CheckDailyAge2]
[IF B08 > R'S AGE, GO TO ValDailyAge2A]
OTHERWISE GO TO B10a]

B09

How many years ago did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

____ [RANGE: 0 – 98, 99]

[IF B09 = 99, GO TO B10a]
[R'S AGE - B09 = AGE OF DAILY SMOKING INITIATION]
[IF AGE OF DAILY SMOKING INITIATION = 1 - 4, GO TO CheckDailyAge2]
[IF AGE OF DAILY SMOKING INITIATION IS <= 0, GO TO ValDailyAge2B]
[ELSE, GO TO B10a]

[GO TO B10a]

CheckDailyAge2

[YOU HAVE ENTERED AN AGE OF DAILY SMOKING INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B10a]

ValDailyAge2A

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B08]

ValDailyAge2B

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE ZERO OR NEGATIVE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B09]

B10a

How many of the following do you currently smoke during a usual week?

Manufactured cigarettes?

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

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

____ [RANGE: 0 – 200, 888, 999]

[IF B10a = 1-3 or 100-200, GO TO ValidateB10a]
[OTHERWISE GO TO B10b]

ValidateB10a

[CONFIRM THAT THE RESPONDENT SMOKES {B10a} CIGARETTES PER WEEK (THIS SHOULD NOT BE REPORTED IN PACKS)

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B10b]

B10b

(How many of the following do you currently smoke during a usual week?)

Hand-rolled cigarettes?

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

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

____ [RANGE: 0 – 200, 888, 999]

B10c

(How many of the following do you currently smoke during a usual week?)

Kreteks?

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

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

____ [RANGE: 0 – 200, 888, 999]

B10d

(How many of the following do you currently smoke during a usual week?)

Pipes full of tobacco?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888
IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

____ [RANGE: 0 - 100, 888, 999]

B10e

(How many of the following do you currently smoke during a usual week?)

Cigars, cheroots, or cigarillos?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888
IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

____ [RANGE: 0 - 100, 888, 999]

B10f

(How many of the following do you currently smoke during a usual week?)

Number of water pipe sessions per week (Narguile, Hookah, and similar)?

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

____ [RANGE: 0 - 100, 888, 999]

B10g

(How many of the following do you currently smoke during a usual week?)

Any others?

[IF RESPONDENT REPORTS DOING THE ACTIVITY *WITHIN THE PAST 30 DAYS*, BUT LESS THAN ONCE PER WEEK, ENTER 888
IF RESPONDENT REPORTS IN PACKS OR CARTONS, PROBE TO FIND OUT HOW MANY ARE IN EACH AND CALCULATE TOTAL NUMBER]

____ [RANGE: 0 - 200, 888, 999]
[IF B10g = 1 - 200 OR 888, GO TO B10g1. OTHERWISE GO TO B10comp]

B10g1

Please specify the other type you currently smoke during a usual week.

[GO TO NEXT SECTION]

B10comp

[If B10a=0 and B10b=0 and B10c=0 and B10d=0 and B10e=0 and B10f=0 and B10g=0, then go to B10valid. Otherwise, go to next section]

B10valid

[RESPONDENT HAS REPORTED SMOKING NO PRODUCTS, BUT SAID HE/SHE WAS A LESS THAN DAILY SMOKER

GO BACK TO CORRECT]

[GO TO B10a]

[Former Smokers]

B11

How old were you when you first started smoking tobacco *daily*?

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

____ [RANGE: 1 - 98, 99]

[IF B11 = 99, GO TO B12]

[IF B11 = 1 - 4, GO TO CheckDailyAge3]
[IF B11 > R'S AGE, GO TO ValDailyAge3A]
[OTHERWISE GO TO B13a]

B12

How many years ago did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

____ [RANGE: 0 - 98, 99]

[IF B12 = 99, GO TO B13a]
[R'S AGE - B12 = AGE OF DAILY SMOKING INITIATION]
[IF AGE OF DAILY SMOKING INITIATION = 1 - 4, GO TO CheckDailyAge3]
[IF AGE OF DAILY SMOKING INITIATION IS <= 0, GO TO ValDailyAge3B]
[ELSE, GO TO B13a]

CheckDailyAge3

[YOU HAVE ENTERED AN AGE OF DAILY SMOKING INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO B13a]

ValDailyAge3A

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B11]

ValDailyAge3B

[THE AGE OF DAILY SMOKING INITIATION CANNOT BE ZERO OR NEGATIVE

GO BACK TO CORRECT AGE OF DAILY SMOKING INITIATION OR RESPONDENT'S AGE]

[GO TO B12]

B13a

How long has it been since you stopped 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 THAN 1 DAY..... 5
- DON'T KNOW..... 7
- REFUSED..... 9

[IF B13a = 1, GO TO B13bYears]
[IF B13a = 2, GO TO B13bMonths]
[IF B13a = 3, GO TO B13bWeeks]
[IF B13a = 4, GO TO B13bDays]
[IF B13a = 5, GO TO B14]
[IF B13a = 7 OR 9, GO TO NEXT SECTION]

B13bYears

(How long has it been since you stopped smoking?)

[ENTER NUMBER OF YEARS]

____ [RANGE: 1 - 100]

[IF B13bYears > R'S AGE, GO TO B13bYearsCheck]

[GO TO NEXT SECTION]

B13bYearsCheck

[THE NUMBER OF YEARS SINCE QUITTING CANNOT BE GREATER THAN THE RESPONDENT'S AGE.

GO BACK TO CORRECT NUMBER OF YEARS]

[GO TO B13bYears]

B13bMonths

(How long has it been since you stopped smoking?)

[ENTER NUMBER OF MONTHS]

____ [RANGE: 1 - 24]

[IF B13bMonths < 12, GO TO B14. OTHERWISE GO TO NEXT SECTION.]

B13bWeeks

(How long has it been since you stopped smoking?)

[ENTER NUMBER OF WEEKS]

____ [RANGE: 1 - 51]

[GO TO B14]

B13bDays

(How long has it been since you stopped smoking?)

[ENTER NUMBER OF DAYS]

____ [RANGE: 1 - 60]

[GO TO B14]

B14

Have you visited a doctor or other health care provider in the past 12 months?

YES..... 1

NO..... 2 → GO TO B18a

REFUSED..... 9 → GO TO B18a

B15

How many times did you visit a doctor or 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 OR 2..... 1

3 TO 5..... 2

6 OR MORE..... 3

REFUSED..... 9

B16

During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

YES..... 1

NO..... 2 → GO TO B18a

REFUSED..... 9 → GO TO B18a

B17

During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

YES..... 1
NO 2
REFUSED..... 9

B18a

During the past 12 months, did you use any of the following to try to stop smoking tobacco?

Counseling, including at a smoking cessation clinic?

YES..... 1
NO 2
REFUSED..... 9

B18b

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Nicotine replacement therapy, such as the patch or gum?

YES..... 1
NO 2
REFUSED..... 9

B18c

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Other prescription medications, for example Bupropion?

YES..... 1
NO 2
REFUSED..... 9

B18d

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Traditional medicines, for example acupuncture, digitopuncture?

YES..... 1
NO 2
REFUSED..... 9

B18e

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

A quit line or a smoking telephone support line?

YES..... 1
NO 2
REFUSED..... 9

B18f

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Switching to smokeless tobacco?

- YES..... 1
NO 2
REFUSED..... 9

B18g

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Quit without assistance?

- YES..... 1
NO 2
REFUSED..... 9

B18h

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Anything else?

- YES..... 1
NO 2
REFUSED..... 9

[IF B18h = 1, GO TO B18h1. ELSE GO TO BB18comp.]

B18h1

Please specify what you used to try to stop smoking.

BB18comp

[IF ANY B18a,B18b,B18c,B18d,B18e,B18f = 1, THEN GO TO BB18. ELSE GO TO BB19.]

BB18

Do you think the treatments that you used to try to quit smoking were helpful?

- YES..... 1
NO 2
DON'T KNOW..... 7
REFUSED..... 9

BB19

Out of the following, what was the main approach for how you stopped smoking? Submitted yourself to treatment, stopped smoking all of a sudden, gradually decreased the number of cigarettes, stopped purchasing cigarettes, substituted smoking with another activity, or another approach?

[INTERVIEWER: SELECT ONLY ONE]

- SUBMITTED SELF TO TREATMENT 1
STOPPED SMOKING ALL OF A SUDDEN..... 2
GRADUALLY DECREASED THE NUMBER OF CIGARETTES..... 3
STOPPED PURCHASING CIGARETTES..... 4

- SUBSTITUTED SMOKING WITH ANOTHER ACTIVITY 5
- OTHER APPROACH 6
- DON'T KNOW 7
- REFUSED 9

9

[IF BB19=6, GO TO BB19a. ELSE GO TO NEXT SECTION C (C00).]

BB19a

Specify:

Section C. Smokeless Tobacco

C00

The next questions are about using smokeless tobacco, such as snuff, chewing tobacco, and dip. Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.

C01

Do 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 SHOWCARD OR READ DEFINITION FROM QXQ SCREEN]

- DAILY 1 → GO TO C04
- LESS THAN DAILY 2
- NOT AT ALL 3 → GO TO C03
- DON'T KNOW 7 → GO TO NEXT SECTION
- REFUSED 9 → GO TO NEXT SECTION

C02

Have you used smokeless tobacco daily in the past?

- YES 1 → GO TO C08
- NO 2 → GO TO C10a
- DON'T KNOW 7 → GO TO C10a
- REFUSED 9 → GO TO C10a

C03

In the *past*, have you used smokeless 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 → GO TO C11
- LESS THAN DAILY 2 → GO TO C13a
- NOT AT ALL 3 → GO TO NEXT SECTION
- DON'T KNOW 7 → GO TO NEXT SECTION
- REFUSED 9 → GO TO NEXT SECTION

[Current Daily Smokeless Tobacco Users]

C04

How old were you when you first started using smokeless tobacco *daily*?

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

____ [RANGE: 1 - 98, 99]

[IF C04 = 99, GO TO C05]
[IF C04 = 1 - 4, GO TO CheckDailyAgeSL1]
[IF C04 > R'S AGE, GO TO ValDailyAgeSL1A]
[OTHERWISE GO TO C06a]

C05

How many years ago did you first start using smokeless tobacco *daily*?

[IF REFUSED, ENTER 99]

____ [RANGE: 0 - 98, 99]

[IF C05 = 99, GO TO C06a]
[R'S AGE - C05 = AGE OF DAILY SMOKELESS INITIATION]
[IF AGE OF DAILY SMOKELESS INITIATION = 1 - 4, GO TO CheckDailyAgeSL1]
[IF AGE OF DAILY SMOKELESS INITIATION IS <= 0, GO TO ValDailyAgeSL1B]
[ELSE, GO TO C06a]

CheckDailyAgeSL1

[YOU HAVE ENTERED AN AGE OF DAILY SMOKELESS INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO C06a]

ValDailyAgeSL1A

[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C04]

ValDailyAgeSL1B

[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE ZERO OR LESS

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C05]

C06a

On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.

Snuff, by mouth?

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

____ [RANGE: 0 - 85, 888, 999]
[IF C06a = 888, GO TO C06a1. OTHERWISE GO TO C06b]

C06a1

On average, how many times a week do you currently use snuff, by mouth?

____ [RANGE: 0 - 85, 999]

C06b

(On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.)

Snuff, by nose?

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

____ [RANGE: 0 – 85, 888, 999]
[IF C06b = 888, GO TO C06b1. OTHERWISE GO TO C06c]

C06b1

On average, how many times a week do you currently use snuff, by nose?

____ [RANGE: 0 – 85, 999]

C06c

(On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.)

Chewing tobacco?

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

____ [RANGE: 0 – 85, 888, 999]
[IF C06c = 888, GO TO C06c1. OTHERWISE GO TO C06d]

C06c1

On average, how many times a week do you currently use chewing tobacco?

____ [RANGE: 0 – 85, 999]

C06d

(On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.)

Betel quid with tobacco?

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

____ [RANGE: 0 – 85, 888, 999]
[IF C06d = 888, GO TO C06d1. OTHERWISE GO TO C06e]

C06d1

On average, how many times a week do you currently use betel quid with tobacco?

____ [RANGE: 0 – 85, 999]

C06e

(On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.)

Any others?

[IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888]

____ [RANGE: 0 – 85, 888, 999]
[IF C06e = 1 – 85 OR 888, GO TO C06e1. OTHERWISE GO TO C06comp]

C06e1

Please specify the other type you currently use each day.

[IF C06e = 888, GO TO C06e2. OTHERWISE GO TO C07]

C06e2

On average, how many times a week do you currently use {C06e1}?

____ [RANGE: 0 – 85, 999]

[GO TO C07]

C06comp

[If C06a=0 and C06b=0 and C06c=0 and C06d=0 and C06e=0, then go to C06valid. Otherwise, go to C07]

C06valid

[RESPONDENT HAS REPORTED USING NO SMOKELESS PRODUCTS DAILY, BUT SAID HE/SHE WAS A DAILY USER

GO BACK TO CORRECT]

[GO TO C06a]

C07

How soon after you wake up do you usually use smokeless tobacco for the first time? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

- | | | |
|----------------------------|--------------------------|---|
| WITHIN 5 MINUTES | <input type="checkbox"/> | 1 |
| 6 TO 30 MINUTES | <input type="checkbox"/> | 2 |
| 31 TO 60 MINUTES | <input type="checkbox"/> | 3 |
| MORE THAN 60 MINUTES | <input type="checkbox"/> | 4 |
| REFUSED..... | <input type="checkbox"/> | 9 |

[GO TO NEXT SECTION]

[Current Less Than Daily Smokeless Tobacco Users]

C08

How old were you when you first started using smokeless tobacco *daily*?

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

____ [RANGE: 1 – 98, 99]

[IF C08 = 99, GO TO C09]
[IF C08 = 1 – 4, GO TO CheckDailyAgeSL2]
[IF C08 > R'S AGE, GO TO ValDailyAgeSL2A]
[OTHERWISE GO TO C10a]

C09

How many years ago did you first start using smokeless tobacco *daily*?

[IF REFUSED, ENTER 99]

____ [RANGE: 0 – 98, 99]

[IF C09 = 99, GO TO C10a]
[R'S AGE - C09 = AGE OF DAILY SMOKELESS INITIATION]
[IF AGE OF DAILY SMOKELESS INITIATION = 1 - 4, GO TO CheckDailyAgeSL2]
[IF AGE OF DAILY SMOKELESS INITIATION IS <= 0, GO TO ValDailyAgeSL2B]
[ELSE, GO TO C10a]

CheckDailyAgeSL2

[YOU HAVE ENTERED AN AGE OF DAILY SMOKELESS INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO C10a]

ValDailyAgeSL2A

[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C08]

ValDailyAgeSL2B

[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE ZERO OR LESS

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C09]

C10a

How many times a week do you usually use the following?

Snuff, by mouth?

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

___ [RANGE: 0 – 85, 888, 999]

C10b

(How many times a week do you usually use the following?)

Snuff, by nose?

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

___ [RANGE: 0 – 85, 888, 999]

C10c

(How many times a week do you usually use the following?)

Chewing tobacco?

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

___ [RANGE: 0 – 85, 888, 999]

C10d

(How many times a week do you usually use the following?)

Betel quid with tobacco?

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

___ [RANGE: 0 – 85, 888, 999]

C10e

(How many times a week do you usually use the following?)

Any others?

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

___ [RANGE: 0 – 85, 888, 999]
[IF C10e = 1 – 85 OR 888, GO TO C10e1. OTHERWISE GO TO C10comp]

C10e1

Please specify the other type you currently use during a usual week.

[GO TO C19comp]

C10comp

[If C10a=0 and C10b=0 and C10c=0 and C10d=0 and C10e=0, then go to C10valid. Otherwise, go to C19comp]

C10valid

[RESPONDENT HAS REPORTED USING NO SMOKELESS PRODUCTS, BUT SAID HE/SHE WAS A LESS THAN DAILY USER

GO BACK TO CORRECT]

[GO TO C10a]

C19comp

[If B01=2 and C01=2, go to C19. Otherwise, go to next section D1.]

C19

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

[GO TO NEXT SECTION D1]

[Former Smokeless Tobacco Users]

C11

How old were you when you first started using smokeless tobacco *daily*?

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

_____ [RANGE: 1 - 98, 99]

[IF _____ C11 = _____ 99, GO TO C12]
[IF C11 = 1 - 4, GO TO CheckDailyAgeSL3]
[IF C11 > R'S AGE, GO TO ValDailyAgeSL3A]
[OTHERWISE GO TO C13a]

C12

How many years ago did you first start using smokeless tobacco *daily*?

[IF REFUSED, ENTER 99]

_____ [RANGE: 0 - 98, 99]

[IF C12 = 99, GO TO C13a]
[R'S AGE - C12 = AGE OF DAILY SMOKELESS INITIATION]
[IF AGE OF DAILY SMOKELESS INITIATION = 1 - 4, GO TO CheckDailyAgeSL3]
[IF AGE OF DAILY SMOKELESS INITIATION IS <= 0, GO TO ValDailyAgeSL3B]
[ELSE, GO TO C13a]

CheckDailyAgeSL3

[YOU HAVE ENTERED AN AGE OF DAILY SMOKELESS INITIATION THAT IS LESS THAN 5

IF NOT CORRECT, SELECT BACK TO CHANGE

IF CORRECT, SELECT NEXT TO CONTINUE]

[GO TO C13a]

ValDailyAgeSL3A

[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE MORE THAN THE RESPONDENT'S AGE

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C11]

ValDailyAgeSL3B

[THE AGE OF DAILY SMOKELESS INITIATION CANNOT BE ZERO OR LESS

GO BACK TO CORRECT AGE OF DAILY SMOKELESS INITIATION OR RESPONDENT'S AGE]

[GO TO C12]

C13a

How long has it been since you stopped using smokeless tobacco?

[ONLY INTERESTED IN WHEN RESPONDENT STOPPED USING REGULARLY - DO NOT INCLUDE RARE INSTANCES OF USING SMOKELESS TOBACCO

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

- YEARS..... 1
- MONTHS 2
- WEEKS..... 3
- DAYS..... 4
- LESS THAN 1 DAY..... 5
- DON'T KNOW..... 7
- REFUSED..... 9

[IF C13a = 1, GO TO C13bYears]

[IF C13a = 2, GO TO C13bMonths]

[IF C13a = 3, GO TO C13bWeeks]

[IF C13a = 4, GO TO C13bDays]

[IF C13a = 5, GO TO C13Comp]

[IF C13a = 7 OR 9, GO TO NEXT SECTION]

C13bYears

(How long has it been since you stopped using smokeless tobacco?)

[ENTER NUMBER OF YEARS]

_____ [RANGE: 1 - 100]

[IF C13bYears > R'S AGE, GO TO C13bYearsCheck]

[GO TO NEXT SECTION]

C13bYearsCheck

[THE NUMBER OF YEARS SINCE QUITTING CANNOT BE GREATER THAN THE RESPONDENT'S AGE.

GO BACK TO CORRECT NUMBER OF YEARS]

[GO TO C13bYears]

C13bMonths

(How long has it been since you stopped using smokeless tobacco?)

[ENTER NUMBER OF MONTHS]

____ [RANGE: 1 - 24]

[IF C13bMonths < 12, GO TO C13comp. OTHERWISE GO TO NEXT SECTION.]

C13bWeeks

(How long has it been since you stopped using smokeless tobacco?)

[ENTER NUMBER OF WEEKS]

____ [RANGE: 1 - 51]

[GO TO C13comp]

C13bDays

(How long has it been since you stopped using smokeless tobacco?)

[ENTER NUMBER OF DAYS]

____ [RANGE: 1 - 60]

[GO TO C13comp]

C13Comp

[IF B14 HAS NOT BEEN ASKED, GO TO C14]

[IF B14 = YES, GO TO C16]

[IF B14 = NO OR REFUSED, GO TO C18a]

C14

Have you visited a doctor or other health care provider in the past 12 months?

YES..... 1

NO..... 2 → GO TO C18a

REFUSED..... 9 → GO TO C18a

C15

How many times did you visit a doctor or 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 OR 2..... 1

3 TO 5..... 2

6 OR MORE..... 3

REFUSED..... 9

C16

During any visit to a doctor or health care provider in the past 12 months, were you asked if you use smokeless tobacco?

YES..... 1

NO..... 2 → GO TO C18a

REFUSED..... 9 → GO TO C18a

C17

During any visit to a doctor or health care provider in the past 12 months, were you advised to stop using smokeless tobacco?

YES..... 1
NO 2
REFUSED..... 9

C18a

During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?

Counseling, including at a cessation clinic?

YES..... 1
NO 2
REFUSED..... 9

C18b

(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Nicotine replacement therapy, such as the patch or gum?

YES..... 1
NO 2
REFUSED..... 9

C18c

(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Other prescription medications, for example Bupropion?

YES..... 1
NO 2
REFUSED..... 9

C18d

(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Traditional medicines, for example acupuncture, digitopuncture?

YES..... 1
NO 2
REFUSED..... 9

C18e

(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

A quit line or a telephone support line?

YES..... 1
NO 2
REFUSED..... 9

C18g

(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Quit without assistance?

YES..... 1
NO 2

REFUSED..... 9

C18h

(During the past 12 months, did you use any of the following to try to stop using smokeless tobacco?)

Anything else?

YES..... 1

NO 2

REFUSED..... 9

[IF C18h = 1, GO TO C18h1. ELSE GO TO CC18comp.]

C18h1

Please specify what you used to try to stop using smokeless tobacco.

CC18comp

[IF ANY C18a,C18b,C18c,C18d,C18e = 1, THEN GO TO CC18. ELSE GO TO CC19.]

CC18

Do you think the treatments that you used to try to quit using smokeless tobacco were helpful?

YES..... 1

NO 2

DON'T KNOW..... 7

REFUSED..... 9

CC19

Out of the following, what was the main approach for how you stopped using smokeless tobacco? Submitted yourself to treatment, stopped using all of a sudden, gradually decreased the amount of smokeless tobacco you used, stopped purchasing smokeless tobacco, substituted smokeless tobacco with another activity, or another approach?

[INTERVIEWER: SELECT ONLY ONE]

SUBMITTED SELF TO TREATMENT 1

STOPPED USING ALL OF A SUDDEN..... 2

GRADUALLY DECREASED THE AMOUNT 3

STOPPED PURCHASING SMOKELESS TOBACCO 4

SUBSTITUTED SMOKELESS WITH ANOTHER ACTIVITY 5

OTHER APPROACH 6

DON'T KNOW..... 7

REFUSED..... 9

[IF CC19=6, GO TO CC19a. ELSE GO TO NEXT SECTION D1 (D00Comp).]

CC19a

Specify:

Section D1. Cessation – Tobacco Smoking

D00Comp

[IF B01 = 1 OR 2, GO TO D01]

[OTHERWISE, GO TO NEXT SECTION (D08Comp)]

D01

The next questions ask about any attempts to stop smoking that you might have made during the past 12 months. Please think about tobacco smoking.

During the past 12 months, have you tried to stop smoking?

- YES..... 1
NO 2 → GO TO D03Comp
REFUSED..... 9 → GO TO D03Comp

DD1

Do you know of any places you can go to help you quit smoking?

- YES..... 1
NO 2
REFUSED..... 9

D02a

Thinking about the last time you tried to quit, how long did you stop smoking?

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

- MONTHS 1
WEEKS 2
DAYS 3
LESS THAN 1 DAY (24 HOURS)..... 4
DON'T KNOW..... 7
REFUSED..... 9

- [IF D02a = 1, GO TO D02bMonths]
[IF D02a = 2, GO TO D02bWeeks]
[IF D02a = 3, GO TO D02bDays]
[IF D02a = 4, 7, OR 9 GO TO D03a]

D02bMonths

(Thinking about the last time you tried to quit, how long did you stop smoking?)

[ENTER NUMBER OF MONTHS]

_____ [RANGE: 1 - 11]

[GO TO D03a]

D02bWeeks

(Thinking about the last time you tried to quit, how long did you stop smoking?)

[ENTER NUMBER OF WEEKS]

_____ [RANGE: 1 - 51]

[GO TO D03a]

D02bDays

(Thinking about the last time you tried to quit, how long did you stop smoking?)

[ENTER NUMBER OF DAYS]

_____ [RANGE: 1 - 60]

[GO TO D03a]

D03a

During the past 12 months, did you use any of the following to try to stop smoking tobacco?

Counseling, including at a smoking cessation clinic?

- YES..... 1
NO 2
REFUSED..... 9

D03b

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Nicotine replacement therapy, such as the patch or gum?

- YES..... 1
NO 2
REFUSED..... 9

D03c

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Other prescription medications, for example Bupropion, Varenicline?

- YES..... 1
NO 2
REFUSED..... 9

D03d

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Traditional medicines, for example acupuncture, digitopuncture?

- YES..... 1
NO 2
REFUSED..... 9

D03e

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

A quit line or a smoking telephone support line?

- YES..... 1
NO 2
REFUSED..... 9

D03f

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Switching to smokeless tobacco?

- YES..... 1
NO 2
REFUSED..... 9

D03g

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Quit without assistance?

- YES..... 1
NO 2
REFUSED..... 9

D03h

(During the past 12 months, did you use any of the following to try to stop smoking tobacco?)

Anything else?

- YES..... 1
NO 2
REFUSED..... 9

[IF D03h = 1, GO TO D03h1. ELSE GO TO DD3a]

D03h1

Please specify what you used to try to stop smoking.

DD3a

When you tried to quit smoking during the last 12 months, did you experience any of the following symptoms?

Anxiety or nervousness?

- YES..... 1
NO 2
REFUSED..... 9

DD3b

(When you tried to quit smoking during the last 12 months, did you experience any of the following symptoms?)

Sleeping problems?

- YES..... 1
NO 2
REFUSED..... 9

DD3c

(When you tried to quit smoking during the last 12 months, did you experience any of the following symptoms?)

Feeling of hunger?

- YES..... 1
NO 2
REFUSED..... 9

DD3d

(When you tried to quit smoking during the last 12 months, did you experience any of the following symptoms?)

Weight gain?

- YES..... 1
NO 2
REFUSED..... 9
-

DD3e

(When you tried to quit smoking during the last 12 months, did you experience any of the following symptoms?)

Shakiness?

- YES..... 1
NO 2
REFUSED..... 9
-

DD3f

(When you tried to quit smoking during the last 12 months, did you experience any of the following symptoms?)

Sweating?

- YES..... 1
NO 2
REFUSED..... 9
-

DD3g

(When you tried to quit smoking during the last 12 months, did you experience any of the following symptoms?)

Irritability?

- YES..... 1
NO 2
REFUSED..... 9
-

DD3h

(When you tried to quit smoking during the last 12 months, did you experience any of the following symptoms?)

Difficulty concentrating?

- YES..... 1
NO 2
REFUSED..... 9
-

DD3i

(When you tried to quit smoking during the last 12 months, did you experience any of the following symptoms?)

Cravings for cigarettes?

- YES..... 1
NO 2
REFUSED..... 9
-

DD3j

(When you tried to quit smoking during the last 12 months, did you experience any of the following symptoms?)

Any other?

- YES..... 1
- NO 2
- REFUSED..... 9

[IF DD3j=1, GO TO DD3j1. ELSE GO TO DD4Comp]

DD3j1

Specify:

DD4Comp

[IF ANY DD3a - j = 1, GO TO DD4. ELSE GO TO D03comp]

DD4

Do you feel that the symptoms presented during the process of quitting affected the overall result of quitting permanently?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

D03Comp

[IF C14 HAS NOT BEEN ASKED, GO TO D04]
[IF C14 = YES, GO TO D06]
[IF C14 = NO OR REFUSED, GO TO D08]

D04

Have you visited a doctor or other health care provider in the past 12 months?

- YES..... 1
- NO 2 → GO TO D08
- REFUSED..... 9 → GO TO D08

.....

D05

How many times did you visit a doctor or 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 OR 2..... 1
- 3 TO 5..... 2
- 6 OR MORE..... 3
- REFUSED..... 9

D06

During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

- YES..... 1
- NO 2 → GO TO D08
- REFUSED..... 9 → GO TO D08

D07

During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

- YES..... 1
 NO 2
 REFUSED..... 9

D08

Which of the following best describes 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 WITHIN THE NEXT MONTH..... 1
 THINKING WITHIN THE NEXT 12 MONTHS..... 2
 QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS. 3
 NOT INTERESTED IN QUITTING 4
 DON'T KNOW..... 7
 REFUSED..... 9

Section F. Economics - Manufactured Cigarettes

F00Comp

[(IF B01 = 1 OR 2) AND (B06a OR B10a = 1 - 200 OR 888), GO TO F01a. OTHERWISE GO TO NEXT SECTION]

F01a

The next few questions are about the last time you purchased cigarettes for yourself to smoke.

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

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

- CIGARETTES 1 → GO TO F01bCig
 PACKS..... 2 → GO TO F01bPack
 CARTONS 3 → GO TO F01bCart
 OTHER (SPECIFY) 4 → GO TO F01c
 NEVER BOUGHT CIGARETTES..... 5 → GO TO NEXT SECTION
 REFUSED..... 9 → GO TO F03

F01c

[SPECIFY THE UNIT]

[GO TO F01bOther]

F01bCig

(The last time you bought cigarettes for yourself, how many cigarettes did you buy?)

[ENTER NUMBER OF CIGARETTES (NOT IN PACKS OR CARTONS)]

____ [RANGE: 1 - 250]

[GO TO F02]

F01bPack

(The last time you bought cigarettes for yourself, how many cigarettes did you buy?)

[ENTER NUMBER OF PACKS]

____ [RANGE: 1 - 100]

[GO TO F01dPack]

F01bCart

(The last time you bought cigarettes for yourself, how many cigarettes did you buy?)

[ENTER NUMBER OF CARTONS]

___ [RANGE: 1 – 65]

[GO TO F01dCart]

F01bOther

(The last time you bought cigarettes for yourself, how many cigarettes did you buy?)

[ENTER NUMBER OF {F01c}]

___ [RANGE: 1 – 200]

[GO TO F01dOther]

F01dPack

Did each pack contain 20 cigarettes or another amount?

- 20 1
- OTHER AMOUNT 7
- REFUSED 9

[IF F01dPack = 7, GO TO F01dPackA]
[ELSE GO TO F02]

F01dPackA

How many cigarettes were in each pack?

___ [RANGE: 2 – 50]

___ [RANGE: 2 – 50]

[GO TO F02]

F01dCart

Did each carton contain 200 cigarettes or another amount?

- 200 1
- OTHER AMOUNT 7
- REFUSED 9

[IF F01dCart = 7, GO TO F01dCartA]
[ELSE GO TO F02]

F01dCartA

How many cigarettes were in each carton?

___ [RANGE: 50 – 600]

[GO TO F02]

F01dOther

How many cigarettes were in each {F01c}?

[IF REFUSED, ENTER 999]

____ [RANGE: 1 – 800, 999]

[GO TO F02]

F02

In total, how much money did you pay for this purchase?

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

____ [RANGE: 0.05 – 50, 999]
[ALLOW DECIMAL]

F03

What brand did you buy the last time you purchased cigarettes for yourself?

- MARLBORO..... 1
- KOOL..... 2
- KENT..... 3
- VICEROY..... 4
- L&M..... 5
- NEXT..... 6
- MENTOLADO..... 7
- LUCKY STRIKE..... 8
- DAVIDOFF..... 9
- IBIZA..... 10
- BROADWAY..... 11
- CAMEL..... 12
- MONTANA..... 13
- WEST..... 14
- SALEM..... 15
- BRONCO..... 16
- BUFFALO..... 17
- FORTUNA..... 18
- GOLD..... 19
- GOLDEN..... 20
- INFINITY..... 21
- MAJESTIC..... 22
- MILES..... 23
- MODERN..... 24
- NASHVILLE..... 25
- NEWPORT..... 26
- NUMBER 1..... 27
- SILVER..... 28
- OTHER..... 29
- REFUSED..... 99

[IF F03 = 29 (OTHER), GO TO F03a. OTHERWISE GO TO F04]

F03a

[SPECIFY BRAND]

F04

The last time you purchased cigarettes for yourself, where did you buy them?

- VENDING MACHINE..... 1
- STORE OR SMALL SUPER 2
- SUPERMARKETS 3
- RESTAURANT 4
- DRUGS STORE 5
- STREET VENDOR 6
- MILITARY STORE..... 7
- DUTY-FREE SHOP 8
- OUTSIDE THE COUNTRY 9
- KIOSKS..... 10
- NEWSPAPER KIOSKS 11
- INTERNET 12
- FROM ANOTHER PERSON..... 13
- OTHER 14
- DON'T REMEMBER 77
- REFUSED..... 99

[IF F04 = 14 (OTHER), GO TO F04a. ELSE GO TO FF5a]

F04a

[SPECIFY LOCATION]

FF5a

Based on your general knowledge, do you think you could purchase single cigarettes at the following places?

At sidewalks?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

FF5b

(Based on your general knowledge, do you think you could purchase single cigarettes at the following places?)

At overpasses?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

FF5c

(Based on your general knowledge, do you think you could purchase single cigarettes at the following places?)

At stores, kiosks or similar?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

FF5d

(Based on your general knowledge, do you think you could purchase single cigarettes at the following places?)

In your neighborhood?

- YES..... 1
NO..... 2
DON'T KNOW..... 7
REFUSED..... 9

FF5e

(Based on your general knowledge, do you think you could purchase single cigarettes at the following places?)

At the mall?

- YES..... 1
NO..... 2
DON'T KNOW..... 7
REFUSED..... 9

FF5f

(Based on your general knowledge, do you think you could purchase single cigarettes at the following places?)

At bus stops or "piqueras"?

- YES..... 1
NO..... 2
DON'T KNOW..... 7
REFUSED..... 9

FF5g

(Based on your general knowledge, do you think you could purchase single cigarettes at the following places?)

From family or friends?

- YES..... 1
NO..... 2
DON'T KNOW..... 7
REFUSED..... 9

FF5h

(Based on your general knowledge, do you think you could purchase single cigarettes at the following places?)

Other?

- YES..... 1
NO..... 2
DON'T KNOW..... 7
REFUSED..... 9

[IF FF5h=1, GO TO FF5h1. ELSE GO TO FF6a]

FF5h1

Specify:

FF6a

Based on your general knowledge, do you think you could purchase contraband or bootleg cigarettes at the following places?

At stoplights?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

FF6b

(Based on your general knowledge, do you think you could purchase contraband or bootleg cigarettes at the following places?)

At sidewalks?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

FF6c

(Based on your general knowledge, do you think you could purchase contraband or bootleg cigarettes at the following places?)

At overpasses?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

FF6d

(Based on your general knowledge, do you think you could purchase contraband or bootleg cigarettes at the following places?)

At stores, kiosks or similar?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

FF6e

(Based on your general knowledge, do you think you could purchase contraband or bootleg cigarettes at the following places?)

In your neighborhood?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

FF6f

(Based on your general knowledge, do you think you could purchase contraband or bootleg cigarettes at the following places?)

At the mall?

- YES..... 1
- NO 2
- DON'T KNOW 7
- REFUSED..... 9

FF6g

(Based on your general knowledge, do you think you could purchase contraband or bootleg cigarettes at the following places?)

At bus stops or "informal bus stops"?

- YES..... 1
- NO 2
- DON'T KNOW 7
- REFUSED..... 9

FF6h

(Based on your general knowledge, do you think you could purchase contraband or bootleg cigarettes at the following places?)

From family or friends?

- YES..... 1
- NO 2
- DON'T KNOW 7
- REFUSED..... 9

FF6i

(Based on your general knowledge, do you think you could purchase contraband or bootleg cigarettes at the following places?)

Other?

- YES..... 1
- NO 2
- DON'T KNOW 7
- REFUSED..... 9

[IF FF6i=1, GO TO FF6i1. ELSE GO TO FF7]

FF6i1

Specify:

FF7

In the last 12 months, did you purchase any cigarette packs that did not have pictorial health warnings?

- YES..... 1
- NO 2
- DON'T KNOW 7
- REFUSED..... 9

Section G. Media

Structure #1 – Asking About Only One Product

G01intro

The next few questions ask about your exposure to the media and advertisements in the last 30 days.

G01a1

In the last 30 days, have you noticed *information* about the dangers of smoking cigarettes or that encourages quitting in any of the following places?

In newspapers?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G01a2

(In the last 30 days, have you noticed *information* about the dangers of smoking cigarettes or that encourages quitting in any of the following places?)

In magazines?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G01b

(In the last 30 days, have you noticed *information* about the dangers of smoking cigarettes or that encourages quitting in any of the following places?)

On television?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G01c

(In the last 30 days, have you noticed *information* about the dangers of smoking cigarettes or that encourages quitting in any of the following places?)

On the radio?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G01d

(In the last 30 days, have you noticed *information* about the dangers of smoking cigarettes or that encourages quitting in any of the following places?)

On billboards?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G01e

(In the last 30 days, have you noticed *information* about the dangers of smoking cigarettes or that encourages quitting in any of the following places?)

Somewhere else?

[DO NOT INCLUDE HEALTH WARNINGS ON CIGARETTE PACKAGES]

- YES..... 1
NO..... 2
REFUSED..... 9

[IF G01e = 1, GO TO G01e1. OTHERWISE GO TO G02.]

G01e1

Please specify where.

G02

In the last 30 days, did you notice any health warnings on cigarette packages?

- YES..... 1 → IF B01 = 1 OR 2, GO TO G03. ELSE GO TO GG3
NO..... 2 → GO TO GG3
DIDN'T SEE ANY CIG PACKAGES..... 3 → GO TO GG3
REFUSED..... 9 → GO TO GG3

G03

In the last 30 days, have warning labels on cigarette packages led you to think about quitting?

- YES..... 1
NO..... 2
DON'T KNOW..... 7
REFUSED..... 9

GG3

What is your opinion on health warning labels on cigarette packages? Are you in favor, indifferent, or are you against the warning labels?

- FAVOR..... 1
INDIFFERENT..... 2
AGAINST..... 3
DON'T KNOW..... 7
REFUSED..... 9

G04a

In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?

In stores where cigarettes are sold?

- YES..... 1
NO..... 2
NOT APPLICABLE..... 7
REFUSED..... 9

G04bComp

[IF G01b=7, GO TO G04cComp]

G04b

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

On television?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G04cComp

[IF G01c=7, GO TO G04dComp]

G04c

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

On the radio?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G04dComp

[IF G01d=7, GO TO G04e]

G04d

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

On billboards?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G04e

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

On posters?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G04fComp

[IF G01a1=7 AND G01a2=7, GO TO G04g]

G04f

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

In newspapers or magazines?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G04g

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

In cinemas?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G04h

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

On the internet?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G04i

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

On public transportation vehicles or stations?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G01b

(In the last 30 days, have you noticed *information* about the dangers of smoking cigarettes or that encourages quitting in any of the following places?)

On television?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G01c

(In the last 30 days, have you noticed *information* about the dangers of smoking cigarettes or that encourages quitting in any of the following places?)

On the radio?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G01d

(In the last 30 days, have you noticed *information* about the dangers of smoking cigarettes or that encourages quitting in any of the following places?)

On billboards?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G01e

(In the last 30 days, have you noticed *information* about the dangers of smoking cigarettes or that encourages quitting in any of the following places?)

Somewhere else?

[DO NOT INCLUDE HEALTH WARNINGS ON CIGARETTE PACKAGES]

- YES..... 1
- NO 2
- REFUSED..... 9

[IF G01e = 1, GO TO G01e1. OTHERWISE GO TO G02.]

G01e1

Please specify where.

G02

In the last 30 days, did you notice any health warnings on cigarette packages?

- YES..... 1 → IF B01 = 1 OR 2, GO TO G03. ELSE GO TO GG3
- NO 2 → GO TO GG3
- DIDN'T SEE ANY CIG PACKAGES..... 3 → GO TO GG3
- REFUSED..... 9 → GO TO GG3

G03

In the last 30 days, have warning labels on cigarette packages led you to think about quitting?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

GG3

What is your opinion on health warning labels on cigarette packages? Are you in favor, indifferent, or are you against the warning labels?

- FAVOR..... 1
- INDIFFERENT..... 2
- AGAINST 3
- DON'T KNOW..... 7
- REFUSED..... 9

G04a

In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?

In stores where cigarettes are sold?

- YES..... 1

NO 2
NOT APPLICABLE 7
REFUSED..... 9

G04bComp

[IF G01b=7, GO TO G04cComp]

G04b

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

On television?

YES..... 1
NO 2
NOT APPLICABLE 7
REFUSED..... 9

G04cComp

[IF G01c=7, GO TO G04dComp]

G04c

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

On the radio?

YES..... 1
NO 2
NOT APPLICABLE 7
REFUSED..... 9

G04dComp

[IF G01d=7, GO TO G04e]

G04d

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

On billboards?

YES..... 1
NO 2
NOT APPLICABLE 7
REFUSED..... 9

G04e

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

On posters?

YES..... 1
NO 2
NOT APPLICABLE 7
REFUSED..... 9

G04fComp

[IF G01a1=7 AND G01a2=7, GO TO G04g]

G04f

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

In newspapers or magazines?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G04g

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

In cinemas?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G04h

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

On the internet?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G04i

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

On public transportation vehicles or stations?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G04j

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

On public walls?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

G04k

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

Bus stops, transportation terminals or informal bus stops?

- YES..... 1
- NO 2
- NOT APPLICABLE 7
- REFUSED..... 9

Bus stops, transportation terminals or informal bus stops?

- YES 1
NO 2
NOT APPLICABLE 7
REFUSED..... 9

G04I

(In the last 30 days, have you noticed any *advertisements or signs promoting* cigarettes in the following places?)

Anywhere else?

- YES..... 1
NO 2
REFUSED..... 9

[IF G04I = 1, GO TO G04I1. OTHERWISE GO TO G05]

G04I1

Please specify where.

G05

In the last 30 days, have you noticed any sport or sporting event that is associated with cigarette brands or cigarette companies?

- YES..... 1
NO 2 → GO TO G05a
DON'T KNOW..... 7 → GO TO G05a
REFUSED..... 9 → GO TO G05a

GG5

In which sport or sport activity have you noticed them?

[SELECT ALL THAT APPLY]

- SOCCER..... 1
BASKETBALL 2
TENNIS 3
BOXING 4
FOOTBALL 5
CAR RACING 6
CYCLING 7
SWIMMING 8
OTHER (SPECIFY) 9
REFUSED..... 99

[ALLOW SELECT ALL THAT APPLY. DO NOT ALLOW 99 TO BE SELECTED WITH ANY OTHER CATEGORY]

[IF GG5 = 9 (OTHER), GO TO GG5other. ELSE GO TO G05a]

GG5other

[SPECIFY]

G05a

In the last 30 days, have you noticed any music, theatre, art, or fashion events that are associated with cigarette brands or cigarette companies?

- YES..... 1
NO 2
DON'T KNOW..... 7
REFUSED..... 9

GG5aComp

[If G05=1 or G05a=1, goto GG5a1. Else goto G06a]

GG5a1

Which of the following cigarette brands did you notice sponsorship or advertising at the sporting, music, theatre, art or fashion events in the last 30 days?

Marlboro?

YES..... 1
NO 2
REFUSED..... 9

GG5a2

(Which of the following cigarette brands did you notice sponsorship or advertising at the sporting, music, theatre, art or fashion events in the last 30 days?)

Viceroy?

YES..... 1
NO 2
REFUSED..... 9

GG5a3

(Which of the following cigarette brands did you notice sponsorship or advertising at the sporting, music, theatre, art or fashion events in the last 30 days?)

Kool?

YES..... 1
NO 2
REFUSED..... 9

GG5a4

(Which of the following cigarette brands did you notice sponsorship or advertising at the sporting, music, theatre, art or fashion events in the last 30 days?)

Camel?

YES..... 1
NO 2
REFUSED..... 9

GG5a5

(Which of the following cigarette brands did you notice sponsorship or advertising at the sporting, music, theatre, art or fashion events in the last 30 days?)

Mint?

YES..... 1
NO 2
REFUSED..... 9

GG5a6

(Which of the following cigarette brands did you notice sponsorship or advertising at the sporting, music, theatre, art or fashion events in the last 30 days?)

Ibiza?

YES..... 1
NO 2

REFUSED..... 9

GG5a7

(Which of the following cigarette brands did you notice sponsorship or advertising at the sporting, music, theatre, art or fashion events in the last 30 days?)

Other?

YES..... 1

NO..... 2

REFUSED..... 9

[IF GG5a7 = 1, GO TO GG5a7other. ELSE GO TO G06a]

GG5a7other

Specify:

G06a

In the last 30 days, have you noticed any of the following types of cigarette promotions?

Free samples of cigarettes?

YES..... 1

NO..... 2

DON'T KNOW..... 7

REFUSED..... 9

G06b

(In the last 30 days, have you noticed any of the following types of cigarette promotions?)

Cigarettes at sale prices?

YES..... 1

NO..... 2

DON'T KNOW..... 7

REFUSED..... 9

G06c

(In the last 30 days, have you noticed any of the following types of cigarette promotions?)

Coupons for cigarettes?

YES..... 1

NO..... 2

DON'T KNOW..... 7

REFUSED..... 9

G06d

(In the last 30 days, have you noticed any of the following types of cigarette promotions?)

Free gifts or special discount offers on other products when buying cigarettes?

YES..... 1

NO..... 2

DON'T KNOW..... 7

REFUSED..... 9

G06e

(In the last 30 days, have you noticed any of the following types of cigarette promotions?)

Clothing or other items with a cigarette brand name or logo?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

G06f

(In the last 30 days, have you noticed any of the following types of cigarette promotions?)

People with cigarette or tobacco product brand names or logos painted on their bodies?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

G06g

(In the last 30 days, have you noticed any of the following types of cigarette promotions?)

Cigarette promotions in the mail?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

GG7

How often do you see actors in the big or small screen smoking cigarettes? Would you say frequently, sometimes, never, or do you not watch TV or movies?

- FREQUENTLY 1
- SOMETIMES..... 2
- NEVER..... 3
- DON'T WATCH 4
- DON'T KNOW..... 7
- REFUSED..... 9

GG8

Have you ever received free cigarettes as part of a promotion?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

[IF GG8=1, GOTO GG9a. ELSE GO TO NEXT SECTION H]

GG9a

Have you received free cigarettes from any of the following places?

Nightclubs?

- YES..... 1

NO 2
REFUSED..... 9

GG9b

(Have you received free cigarettes from any of the following places?)

Pool Hall?

YES..... 1
NO 2
REFUSED..... 9

GG9c

(Have you received free cigarettes from any of the following places?)

Internet cafes?

YES..... 1
NO 2
REFUSED..... 9

GG9d

(Have you received free cigarettes from any of the following places?)

Carnivals?

YES..... 1
NO 2
REFUSED..... 9

GG9e

(Have you received free cigarettes from any of the following places?)

Quinceaneras and other parties?

YES..... 1
NO 2
REFUSED..... 9

GG9f

(Have you received free cigarettes from any of the following places?)

Hotels?

YES..... 1
NO 2
REFUSED..... 9

GG9g

(Have you received free cigarettes from any of the following places?)

Other?

YES..... 1
NO 2
REFUSED..... 9

[IF GG9g=1, GO TO GG9g1. ELSE GOTO NEXT SECTION H]

GG9g1

Specify:

Section H. Knowledge, Attitudes & Perceptions

H01

The next question is asking about *smoking* tobacco.

Based on what you know or believe, does smoking tobacco cause serious illness?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02a

Based on what you know or believe, does smoking tobacco cause the following...

Stroke (blood clots in the brain that may cause paralysis)?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02b

(Based on what you know or believe, does smoking tobacco cause the following...)

Heart attack?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02d

(Based on what you know or believe, does smoking tobacco cause the following...)

Emphysema?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02e

(Based on what you know or believe, does smoking tobacco cause the following...)

Chronic bronchitis?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02c

(Based on what you know or believe, does smoking tobacco cause the following...)

Lung cancer?

- YES..... 1
- NO..... 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02f

(Based on what you know or believe, does smoking tobacco cause the following...)

Bladder cancer?

- YES..... 1
- NO..... 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02g

(Based on what you know or believe, does smoking tobacco cause the following...)

Breast cancer?

- YES..... 1
- NO..... 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02h

(Based on what you know or believe, does smoking tobacco cause the following...)

Stomach cancer?

- YES..... 1
- NO..... 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02i

(Based on what you know or believe, does smoking tobacco cause the following...)

Miscarriage or preterm birth?

- YES..... 1
- NO..... 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02j

(Based on what you know or believe, does smoking tobacco cause the following...)

Premature wrinkles?

- YES..... 1
- NO..... 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02k

(Based on what you know or believe, does smoking tobacco cause the following...)

Tooth decay?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02l

(Based on what you know or believe, does smoking tobacco cause the following...)

Sexual impotence?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02m

(Based on what you know or believe, does smoking tobacco cause the following...)

Hair loss?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02n

(Based on what you know or believe, does smoking tobacco cause the following...)

Bone loss (Osteoporosis)?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

H02_3

Do you believe cigarettes are addictive?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

H03

Based on what you know or believe, does using *smokeless tobacco* cause serious illness?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

HH04

Do you think it's safe to smoke for a year or two as long as you quit after that? Would you say definitely not, maybe not, maybe, or definitely?

- DEFINITELY NOT 1
- MAYBE NOT 2
- MAYBE 3
- DEFINITELY 4
- DON'T KNOW 7
- REFUSED 9

HH05

Are you aware of the law (No. 13 / 2008) that prohibits smoking in public places (like restaurants, buses, taxis, schools, parks, gyms, amusement parks, nightclubs and casinos)?

- YES 1
- NO 2
- REFUSED 9

HH06a

Based on your general knowledge, are tobacco products used in the following native/indigenous customs or rituals?

Start of puberty?

- YES 1
- NO 2
- DON'T KNOW 7
- REFUSED 9

HH06b

(Based on your general knowledge, are tobacco products used in the following native/indigenous customs or rituals?)

Community gatherings?

- YES 1
- NO 2
- DON'T KNOW 7
- REFUSED 9

HH06c

(Based on your general knowledge, are tobacco products used in the following native/indigenous customs or rituals?)

Exorcisms?

- YES 1
- NO 2
- DON'T KNOW 7
- REFUSED 9

HH06d

(Based on your general knowledge, are tobacco products used in the following native/indigenous customs or rituals?)

Shaman consultations?

- YES 1
- NO 2
- DON'T KNOW 7
- REFUSED 9

HH06e

(Based on your general knowledge, are tobacco products used in the following native/indigenous customs or rituals?)

Healing chanting ceremonies?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

HH06f

(Based on your general knowledge, are tobacco products used in the following native/indigenous customs or rituals?)

Funerals?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

HH06g

(Based on your general knowledge, are tobacco products used in the following native/indigenous customs or rituals?)

Other?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

[IF HH06g = 1, GO TO HH06g1. OTHERWISE GO TO HH07a.]

HH06g1

Specify: _____

HH07a

Based on your general knowledge, are tobacco products used in the following non-native/indigenous customs or rituals?

Local fair?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

HH07b

(Based on your general knowledge, are tobacco products used in the following non-native/indigenous customs or rituals?)

"Junta de Embarre" ceremony?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

HH07c

(Based on your general knowledge, are tobacco products used in the following non-native/indigenous customs or rituals?)

Feasts?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

HH07d

(Based on your general knowledge, are tobacco products used in the following non-native/indigenous customs or rituals?)

Traditional local dances "Bailes en toldos"?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

HH07e

(Based on your general knowledge, are tobacco products used in the following non-native/indigenous customs or rituals?)

Saint festivals "Patronales"?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

HH07f

(Based on your general knowledge, are tobacco products used in the following non-native/indigenous customs or rituals?)

Family gatherings?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

HH07g

(Based on your general knowledge, are tobacco products used in the following non-native/indigenous customs or rituals?)

Other?

- YES..... 1
- NO 2
- DON'T KNOW..... 7
- REFUSED..... 9

[IF HH07g = 1, GO TO HH07g1. OTHERWISE GO TO I00comp.]

HH07g1

Specify:

Section I. Disposition to Pay

I00comp

[IF B01 = 1 OR 2, GO TO I00. ELSE, GO TO J00]

I00

Now I'm now going to ask you a few questions about your opinion on methods to quit smoking.

I01

Think of how cigarettes affect your daily activities and quality of life. Honestly speaking, do you wish to quit smoking?

- YES..... 1
- NO 2 → GO TO END OF SURVEY J00
- DON'T KNOW..... 7 → GO TO END OF SURVEY J00
- REFUSED..... 9 → GO TO END OF SURVEY J00

I02

Suppose there is a proven method that guarantees you will stop smoking. This method has no side effects, only takes 3 months to complete and guarantees that you will not smoke for the next 10 years. Consider your income and your regular expenses. Now look at the amounts that are shown on the card. Tell me, how much would you be willing to pay for this quitting method?

- 1000 OR MORE 1
- 900 - 999..... 2
- 800 - 899..... 3
- 700 - 799..... 4
- 600 - 699..... 5
- 500 - 599..... 6
- 400 - 499..... 7
- 300 - 399..... 8
- 200 - 299..... 9
- 1 - 199 10
- 0..... 11
- DON'T KNOW..... 77
- REFUSED..... 99

I03

Now think of the health benefits of quitting cigarettes: you will feel healthier, you will be in better physical shape, and you will decrease the risk of cancer. With this in mind, and still considering your income and your regular expenses, how much would be the maximum amount you would pay for this quitting method?

- 1000 OR MORE 1
- 900 - 999..... 2
- 800 - 899..... 3
- 700 - 799..... 4
- 600 - 699..... 5
- 500 - 599..... 6
- 400 - 499..... 7
- 300 - 399..... 8
- 200 - 299..... 9
- 1 - 199 10
- 0..... 11
- DON'T KNOW..... 77
- REFUSED..... 99

I04

Now think of the benefit the people normally around you would have from you quitting smoking, like secondhand smoke. With this in mind, and still considering your income and your regular expenses, how much would be the maximum amount you would pay for this quitting method?

- 1000 OR MORE 1

- 900 - 999..... 2
- 800 - 899..... 3
- 700 - 799..... 4
- 600 - 699..... 5
- 500 - 599..... 6
- 400 - 499..... 7
- 300 - 399..... 8
- 200 - 299..... 9
- 1 - 199..... 10
- 0..... 11
- DON'T KNOW..... 77
- REFUSED..... 99

I05comp

[IF I02=11 AND I03=11 AND I04=11, GO TO I06. ELSE GO TO I07]

I06

Why would you not be willing to pay for the method to stop smoking?

- DO NOT HAVE THE RESOURCES..... 1
- DO NOT THINK IT IS WORTH IT..... 2
- IT SHOULD BE FREE..... 3
- OTHER (SPECIFY)..... 4
- DON'T KNOW..... 7
- REFUSED..... 9

[IF I06 = 4 (OTHER), GO TO I06a. ELSE GO TO J00]

I06a

SPECIFY.

[GO TO J00]

I07

Where would you get the resources to pay for this method?

- MY INCOME..... 1
- BORROW MONEY..... 2
- OTHER SOURCE..... 3
- DON'T KNOW..... 7
- REFUSED..... 9

I08

The method we have described to you costs [READ AMOUNT FROM BELOW], remember that with this method you could stop smoking for at least 10 years. At that price, would you be willing to pay for the method?

- YES..... 1
- NO..... 2
- DON'T KNOW..... 7
- REFUSED..... 9

- NO CONTESTÓ..... 9

PROGRAMMING INSTRUCTIONS:

THE AMOUNT {\$\$\$\$} IS RANDOMLY SELECTED FROM A DISTRIBUTION OF AMOUNTS IN A PREVIOUSLY CHOSEN RANGE, FOR EXAMPLE, BETWEEN \$1 AND \$10,000. ONCE THE SURVEY SUBJECT ANSWERS THE QUESTION, INITIATE A NEGOTIATION PROCESS WHOSE OBJECTIVE IS TO OBTAIN WITH PRECISION THE MAXIMUM WILLINGNESS TO PAY FOR THE METHOD.

IF RESPONDS YES: THEN ASK FOR A HIGHER AMOUNT.

IF RESPONDS NO: THEN ASK FOR A LOWER AMOUNT.

THE AMOUNTS MAY CHANGE IN A GEOMETRIC MANNER, MULTIPLYING OR DIVIDING BY TWO, AS THE CASE MAY BE.

End Individual Questionnaire

J00

Those are all of the questions I have. Thank you very much for participating in this important survey.

[SET {I00Flag}="1"]
[GO TO J02]

J01

I'm sorry but you are not eligible to participate in this survey. Thank you very much for your time.

[SET {I01Flag}="1"]
[GO TO J02]

J02

[RECORD ANY NOTES ABOUT INTERVIEW:]

CodeEvents

if {I00Flag} = "1" then set {EventCode} = "400";
if {I01Flag} = "1" then set {EventCode} = "403";
if {I00Flag} = "1" then set {EventComment} = "IQ Complete";
if {I01Flag} = "1" then set {EventComment} = "Respondent determined to be ineligible";

QxQ Help Screens

The table below provides a list of QxQ help screens for some of the questions in the GATS questionnaire. These help screens are accessed on the handheld by selecting the "QxQ" option for each of the designated questions.

Instructions: Provide translated text for each of the help screens in the column on the right.

Qid	QxQ Help Screen Text – English
HH4e	Hookah: water or liquor container that houses tobacco and lit by coal. The smoke is aspired through a hose.
B01	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
B02	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
B03	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more. Rare instances of smoking or experimental smoking (tried once or twice in lifetime) should be counted in the NOT AT ALL category.
B04	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
B05	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
B06a	IF REFUSED, ENTER 999
B06a1	IF REFUSED, ENTER 999
B06b	IF REFUSED, ENTER 999
B06b1	IF REFUSED, ENTER 999
B06c	IF REFUSED, ENTER 999 Kreteks: cigarette that is a mixture of clove scent and tobacco.
B06c1	IF REFUSED, ENTER 999 Kreteks: cigarette that is a mixture of clove scent and tobacco.

Qid	QxQ Help Screen Text – English
B06d	IF REFUSED, ENTER 999
B06d1	IF REFUSED, ENTER 999
B06e	IF REFUSED, ENTER 999
B06e1	IF REFUSED, ENTER 999
B06f	IF REFUSED, ENTER 999 Narguile: water or liquor container that houses tobacco and lit by coal. The smoke is aspired through a hose.
B06f1	IF REFUSED, ENTER 999 Narguile: water or liquor container that houses tobacco and lit by coal. The smoke is aspired through a hose.
B06g	IF REFUSED, ENTER 999
B06g2	IF REFUSED, ENTER 999
B08	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
B09	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
B10a	IF REFUSED, ENTER 999
B10b	IF REFUSED, ENTER 999
B10c	IF REFUSED, ENTER 999 Kreteks: cigarette that is a mixture of clove scent and tobacco.
B10d	IF REFUSED, ENTER 999
B10e	IF REFUSED, ENTER 999
B10f	IF REFUSED, ENTER 999 Narguile: water or liquor container that houses tobacco and lit by coal. The smoke is aspired through a hose.
B10g	IF REFUSED, ENTER 999
B11	Daily means smoking at least one tobacco product every day or nearly every day over a period of a month or more.
C01	Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed. Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
C02	Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed. Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more. Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.
C03	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more. Rare instances of smokeless tobacco use or experimental use (tried once or twice in lifetime) should be counted in the NOT AT ALL category.
C04	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
C05	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
C06a	IF REFUSED, ENTER 999
C06a1	IF REFUSED, ENTER 999
C06b	IF REFUSED, ENTER 999
C06b1	IF REFUSED, ENTER 999
C06c	IF REFUSED, ENTER 999
C06c1	IF REFUSED, ENTER 999
C06d	IF REFUSED, ENTER 999
C06d1	IF REFUSED, ENTER 999
C06e	IF REFUSED, ENTER 999

Qid	QxQ Help Screen Text – English
C06e2	IF REFUSED, ENTER 999
C08	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
C09	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
C10a	IF REFUSED, ENTER 999
C10b	IF REFUSED, ENTER 999
C10c	IF REFUSED, ENTER 999
C10d	IF REFUSED, ENTER 999
C10e	IF REFUSED, ENTER 999
C11	Daily means using smokeless tobacco at least one time every day or nearly every day over a period of a month or more.
E01	This question is asking about the rules for inside the respondent's home. This only includes enclosed areas of the home – the respondent should not include areas outside of the home including patios, porches, etc. that are not fully enclosed.
E02	This question is asking about the rules for inside the respondent's home. This only includes enclosed areas of the home – the respondent should not include areas outside of the home including patios, porches, etc. that are not fully enclosed.
E03	This question is asking about inside the respondent's home. This only includes enclosed areas of the home – the respondent should not include areas outside of the home including patios, porches, etc. that are not fully enclosed.
E08	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the indoor areas where he/she works. This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
E08a	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the indoor areas where he/she works. This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
E10	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest. This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
E12	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest. This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
E14	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest. This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
E16	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest. This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
EE16b	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest. This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
E20	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest. This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
E22	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest. This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
E24	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest. This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
E26	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest. This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
EE26b	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest. This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
EE27b	The respondent should answer yes if he/she saw somebody smoke or smelled the smoke inside the place of interest. This question is asking about enclosed indoor areas, not outside areas (such as a courtyard within a complex).
F01a	Only report number of cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.
F01bCig	Only report number of cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.

Qid	QxQ Help Screen Text – English
F01bPack	Only report number of cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.
F01bCart	Only report number of cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.
F01bOther	Only report number of cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.
F02	Only report money paid for cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.
F03	Only report brand of cigarettes that the respondent purchased to smoke. Do not include cigarettes purchased by a vendor for resale.
G01a1	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G01a2	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G01b	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G01c	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G01d	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04a	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04b	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04c	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04d	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04e	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04f	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04g	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04h	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04i	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04j	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
G04k	Select the NOT APPLICABLE category if the respondent says he/she did not do the activity in the past 30 days. Do not offer this category to the respondents.
H02d	It is a disease that affects the lungs causing a decrease in lung function accompanied by shortness of breath.
H02e	Disease causing bronchial irritation by smoke inhalation long term, causing persistent cough.

Case Management System Result Codes

The tables below provide a list of result codes in the Case Management System (CMS). These result codes will be presented in a drop down menu for interviewers to select when working cases for data collection. For each result code, the first column (in English) shows the abbreviated result code text that is actually provided in the CMS while the full description of the code is also given underneath in parentheses.

Instructions: In the second column, provide the translated text to use in the CMS that effectively describes the result code. Abbreviated (shortened) text may need to be used in order for the text to fit. General guideline is 25-30 total characters including spaces, though this may need to be adjusted accordingly (once the text is viewed on the handheld screen).

Household Questionnaire (HH) Result Codes: Pending

- 0: New case Unworked
- 102: Break-off: HQ not complt
(Completed Part of Household Questionnaire, Could Not Finish)
- 103: HH Screening R not avail
(Household Questionnaire Not Complete, Could Not Identify An Appropriate Screening Respondent)
- 104: HH Refusal
(Household Refusal)
- 105: Unoccupied/Vacant
(Unoccupied/Vacant/Demolished House)
- 106: Selected Address not HH
(Selected Address is Not a Household)
- 108: Other HH Nonresponse
(Other Household Nonresponse)
- 109: Nobody Home
-

Household Questionnaire (HH) Result Codes: Final

- 200: Completed Household Questionnaire, One Person Selected
- 201: Completed Household Questionnaire, No One Selected
- 202: Final Break-off: HQ not complt
(Completed Part of Household Questionnaire, Could Not Finish)
- 203: Final HH Screening R not avail
(Household Questionnaire Not Complete, Could Not Identify An Appropriate Screening Respondent)
- 204: Final HH Refusal
(Household Refusal)
- 205: Final Unoccupied/Vacant
(Unoccupied/Vacant/Demolished House)
- 206: Final Selected Address not HH
(Selected Address is Not a Household)
- 208: Final Other HH Nonresponse
(Other Household Nonresponse)
- 209: Final Nobody Home
- 887: HH Case Reopened

999: Household Replaced
(Household Replaced by Another Randomly Selected Address in the Missed Housing Unit Procedure)

Individual Questionnaire (IQ) Result Codes: Pending

0: New case Unworked

302: Break-off: IQ not complt
(Completed Part of Individual Questionnaire)

303: IQ R Ineligible
(Selected Individual was Later Determine to be Survey Ineligible)

304: IQ R Refusal
(Selected Respondent Refusal)

307: IQ R Incapacitated
(Selected Respondent Incapacitated)

308: Other IQ Nonresponse
(Other Individual Nonresponse)

309: IQ R not at home
(Selected Respondent Not Home)

Individual Questionnaire (IQ) Result Codes: Final

400: Completed Individual Questionnaire

401: Not Eligible for Individual Questionnaire

402: Final Break-off: IQ not complt
Completed Part of Individual Questionnaire

403: Final IQ R Ineligible
(Selected Individual Was Later Determine to Be Survey Ineligible)

404: Final IQ R Refusal
(Selected Respondent Refusal)

407: Final IQ R Incapacitated
(Selected Respondent Incapacitated)

408: Final Other IQ Nonresponse
(Other Individual Nonresponse)

409: Final IQ R not at home

887: IQ Case Reopened

999: Household Replaced
Household Replaced by Another Randomly Selected
Address in the Missed Housing Unit Procedure

CMS Automatic Rules for Record of Calls (ROC)

HH ROC is automatically set as 200 when the HH questionnaire is completed and a respondent is selected to complete the IQ.

HH ROC is automatically set as 201 when the HH questionnaire is completed and no respondent is selected to complete the IQ (no one eligible for IQ).

IQ ROC is automatically set as 401 when the HH ROC is set as 201, 202, 203, 204, 205, 206, 208, or 209.

IQ ROC cannot be accessed by the interviewer until the HH ROC is set as 200.

IQ ROC is automatically set as 400 when the IQ is fully completed.

IQ ROC is automatically set as 403 when answers in the IQ determine that the selected respondent is not eligible to complete the IQ.

APPENDIX H

Glossary

Use of Smoked and Smokeless Tobacco Products	
Current tobacco smoker	A person who uses smokes tobacco products every day, some days, or nearly every day.
Daily smoker	A person who smoked at least one tobacco product per day or almost every day for the last 30 days. Short periods in which the person did not smoke due to special circumstances, such as illness, do not invalidate the concept of a daily smoker.
Occasional smoker	A person who smokes at least one tobacco product on a regular basis, but not daily.
Former smoker	A person who in the past used some type of tobacco product regularly, either daily or occasionally, and currently does not smoke. This classification is independent of how much time has gone by since the person quit.
Former tobacco daily smokers	These people were daily users in the past, which refers to having smoked at least one tobacco product every day or nearly every day for a period of 1 month or more.
Current users of smokeless tobacco	These persons' actual or average use of smokeless tobacco is every day, at least once a day, or nearly every day.
Former daily users of smokeless tobacco	These are former users of smokeless tobacco who used this product at least once a day or nearly every day (in the past) for 1 one month or longer. Former experimental users of smokeless tobacco are those who used these products only once or twice in their lifetime and are not in this category. Instead, they are a never user.
Nonsmoker	A person who currently does not smoke; this category includes never smokers and former smokers.
Never smoker	A person who has never smoked, although he or she could have tried it once or twice in their lives. They must not have smoked 100 cigarettes in their lifetime.
Never user tobacco smokeless	person who never used smokeless tabco, although I can be tested once and used the equivalent of less than 100 cigarettes in their lifetime.
Tobacco product use as part of customs or traditions	Refers to the use of tobacco products in accordance with customs and cultural practices (indigenous and nonindigenous traditions).
Startup age	Age at which the person started regularly using a tobacco product. Experimental use is not included here.

Tobacco Products	
Cigarette carton	Packaging containing 10 cigarette packs, each with 20 cigarettes, for a total of 200 in a carton.
Hand-rolled cigarettes	Manually elaborated cigarettes, rolled into a small sheet of paper containing loose tobacco.
Water pipe	A device into which tobacco is placed that has a receptacle for holding water and a large tube from which tobacco smoke is inhaled. This device can be used individually or in a group. Often, tobacco and alcohol use are combined in the same device.
Loose tobacco	Chopped tobacco used to hand-roll cigarettes.
Smokeless tobacco	Any tobacco product that does not release smoke. Includes chewing, sucked, inhaled, or any other type of tobacco product that is not smoked.
Exposure to Secondhand Tobacco Smoke	
Having knowledge of health damage caused by secondhand tobacco smoke	Used to describe a person who knows the consequences of exposure to secondhand tobacco smoke for health, including the list of illnesses associated with exposure to secondhand smoke from cigarettes, cigars, and other smoked tobacco products.
Public buildings or offices	Public offices include administrative government agencies at both the central and local level of autonomous and semiautonomous institutions, diplomatic missions, consulates and/or embassies of the Panamanian state; these buildings and offices can be in rented or leased facilities or those owned by the Panamanian government.
Indoors	The term “indoors” refers to enclosed spaces, defined according to what is stated in the applicable regulation as “those physical units delimited in perimeter and in height by walls or ceiling, independently from the material in which they are built, they could be temporary or permanent or can possess doors, windows, and independent ventilation.” Naturally ventilated spaces are those in which an outside air flow enters an inner structure, which causes a natural renewal of air inside, without involving mechanical means. Examples of naturally ventilated spaces include the following: <ul style="list-style-type: none"> a. Natural open-ceiling spaces b. Roofed space without walls with an architectural design that allows air flow with ventilation located in the top, without the use of mechanical means of ventilation. c. Spaces with a minimum of three open sides and roofed at a height that allows natural air rotation and guarantees cross-ventilation.
Exposure to secondhand tobacco smoke at home or in the workplace	This refers to exposure to secondhand tobacco smoke in the last 30 days, in indoor spaces, either at home or at work. For the home, this includes only indoor areas, excluding any outdoor areas (patio, terrace, other). For the workplace, this includes the observation of anyone smoking in the workplace in the last 30 days.
Means of public transportation	Any land, maritime, or air means of transportation that is intended for public use.

Tobacco Cessation	
Counseling from a health-care professional regarding quitting smoking tobacco	Includes help received in a center that specializes in cessation as well as any consultation with a health-care professional. The focus in a specialized center involves behavioral and/or pharmacological support, while in a health-care consultation it refers to any guidance or provision of strategies by a health-care professional to help a smoker quit smoking. This variable is used to determine whether the smoker sought help to quit smoking or consuming other tobacco products from a doctor or health-care provider in the last 12 months, and if they were advised to quit smoking tobacco.
Cessation Clinics	These are facilities where smokers or users of other tobacco products can seek professional help to discontinue the use of these products.
Quit smoking attempt	An attempt by smokers to quit smoking in the last 12 months.
Quit smoking helpline	A telephone service provided by specially trained staff that offers smokers with strategies to quit smoking.
Health assistance place	Any place in either the public or private sphere that provides any type of health service with the objective of promoting health, preventing illness or unhealthy behavior, curing health problems, or providing rehabilitation.
Malaise	This term refers to the symptoms or signs experienced by someone who is undergoing or has undergone a process to quit the use of smoked or smokeless tobacco.
Health-care professional	This term includes professionals of different disciplines who can be part of a health team. Includes doctors, dentists, nurses, psychologists, and nutritionists, among others.
Tobacco Information	
Awareness about information against cigarettes	This variable is used to determine if someone has received information in the last 30 days through different means of communication or health warnings on the packaging of tobacco products with regard to the dangers of smoking cigarettes or if such information can motivate them to quit smoking.
Knowledge about the damages to health caused by tobacco	This describes awareness of the health conditions and illnesses caused by being a smoker, a former smoker, or a user of tobacco products.
Law enforcement	Refers to enforcement of tobacco- control strategies established in Panama through Law 13 of January 24, 2008.
Antitobacco Information	This refers to messages issued through different means of communication that have the objective of informing the population about damage caused by the consumption of tobacco and exposure to tobacco smoke, as well as the benefits of quitting smoking.
Promotions of cigarettes	Questions about promotion determine whether someone has seen advertising or promotions of cigarettes in stores or other places in the last 30 days.
Cessation treatment	Therapeutic options that are geared to quitting the use of tobacco products and, for that matter, improving physical, mental, and social conditions of one or more patients.

Economy and Tobacco: Price and Expenditure	
Work activity	Work activity performed by an individual in the last 12 months, includes a job or an occupation, regardless of whether the person is paid or not.
Business owner with establishment or investment	A person, who without a sponsor, operates their own business without employing any paid employee, and can be assisted by one or more unpaid family employees. Possesses an establishment or necessary investment (tasks, profession, and machinery, among others) for the development of their activity.
Business owner, without establishment or investment	A person who, without a sponsor, operates their own business without employing any paid employee and can be assisted by one or more unpaid family employees. In this case, the person does not have an investment or establishment, that are considered relevant to the development of their activity.
Unemployed, capable, not looking	A person of working age, unemployed, not looking for employment, who does not have any health conditions or permanent physical disabilities.
Unemployed, capable and looking for a job	A person of working age, unemployed, who is currently looking for a job.
Unemployed, disabled for work	A person of working age, unemployed, who is not looking for a job and has health conditions or permanent disabilities preventing them from performing work tasks.
Price of manufactured cigarettes and their affordability	Involves determining how much money was paid the last time cigarettes were purchased and whether they were affordable.
Brands	Any logo, word, or combination of these elements which, due to their characteristics, can be used to individualize a product or service. (Art. 89. Ley 35, 1996). Includes the brand of preference of a used tobacco product.
Unpaid household Member	A person who works in a business belonging to a household member and does not receive a salary or similar compensation for their work.
Sales points	Specific areas where tobacco products are sol.
General	
Age	Age in years at the time of the interview.
Technical education	Includes schools of basic professional development specialties. Does not necessarily require completing elementary school and does not enable students to enter high school or university.
Education	Grades or levels that the person has completed in an academic institution.
No formal education	Refers to people who do not attend or have never attended a formal academic institution and do not know how to read or write.
Elementary school	Includes 6 years of mandatory education oriented to providing basic instruction in oral, written, and reasoning expression.
High school	Includes a full secondary education, comprising 6 years of studies, including the basic cycle. It can be oriented to the development of general, technological, or vocational education. Completion allows access to higher education.
Higher education	Deepens and expands training in some branch of knowledge and includes technological, technical, and scientific education. The person must have completed high school. Included here are technical or professional career colleges or public and private universities. Technical education generally has a duration of 3 years or less. In the case of professional education, the duration tends to fluctuate between 4 and 6 years and enables the person to continue graduate studies of high specialization.

Date of birth	Birth month and year.
Income	Monthly average amount in dollars earned at the individual and family level.
Social security	Coverage for a service provided by Social security to all contributors and beneficiaries.
Health insurance	Private insurance payment for total or partial coverage in the case of health issues of an individual or family, with the objective of having coverage in order to receive private health-care services.
Basic household services and objects	Set of services and/or basic objects required by individuals and families to achieve a higher level of well-being in their homes.
Health-care service centers	Places where the interviewee receives services destined to health promotion or health diagnosis, treatment, cure and rehabilitation.
Gender	Classification as a woman or man based on genetic and phenotypic conditions that differentiate the two.

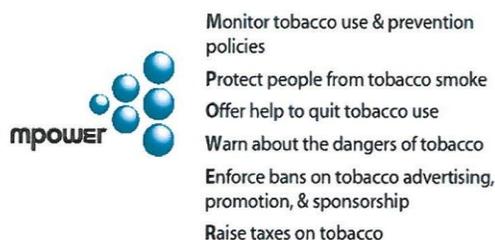
Summary-Panama 2013



GATS Objectives

The Global Adult Tobacco Survey (GATS) is a global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.

GATS is a nationally representative survey, using a consistent and standard protocol across countries including Panama. GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. It also assists countries to fulfill their obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO has developed MPOWER, a package of selected demand reduction measures contained in the WHO FCTC:



GATS Methodology

GATS uses a global standardized methodology. It includes information on respondents' background characteristics, tobacco use (smoking and smokeless), cessation, secondhand smoke, economics, media, and knowledge, attitudes and perceptions towards tobacco use. In Panama, GATS was conducted in 2013 as a household survey of persons 15 years of age and older by the Gorgas Memorial Institute for Health Studies (ICGES), under the coordination of the Ministry of Health Panama. A multi-stage, geographically clustered sample design was used to produce nationally representative data. A total of 19,603 households were sampled and one individual was randomly selected from each participating household to complete the survey. Survey information was collected electronically by using handheld devices. There were a total of 16,962 completed individual interviews with an overall response rate of 88.4%.

GATS Highlights

TOBACCO USE

- 9.4% of men, 2.8% of women, and 6.1% overall (163 thousand adults) currently smoked tobacco.
- 1.0% of men, 0.5% of women, and 0.8% overall (20 thousand adults) currently used smokeless tobacco.

CESSATION

- 6 in 10 current smokers planned to or were thinking about quitting.
- 5 in 10 smokers made a quit attempt in the last 12 months.

SECONDHAND SMOKE

- 5.6% of adults who worked indoors (41 thousand adults) were exposed to tobacco smoke at the workplace.
- 4.4% of adults (118 thousand adults) were exposed to tobacco smoke at home.
- 12.4% of adults (157 thousand adults) were exposed to tobacco smoke when visiting restaurants.

ECONOMICS

- On average, a current cigarettes smoker spent 72.6 US Dollars per month on manufactured cigarettes.
- 36.3% of current manufactured cigarette smokers purchased illegal cigarettes in the past 12 months.

MEDIA

- 6 in 10 adults noticed anti-cigarette smoking information on the television or radio.
- 2 in 10 adults noticed cigarette marketing in stores where cigarettes are sold.
- 3 in 10 adults noticed cigarette marketing (other than in stores) or sporting event sponsorship.

KNOWLEDGE, ATTITUDES & PERCEPTIONS

- 90.6% of adults believed smoking causes serious illness.
- 87.5% of adults believed breathing other people's smoke causes serious illness in non-smokers.

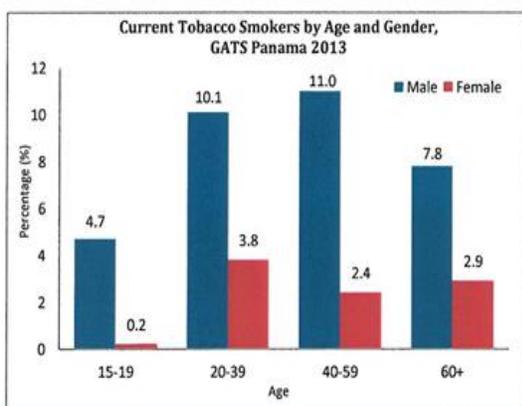


GATS | GLOBAL ADULT TOBACCO SURVEY

Panama 2013

TOBACCO USE

TOBACCO SMOKERS	MEN (%)	WOMEN (%)	OVERALL (%)
Current tobacco smokers	9.4	2.8	6.1
Daily tobacco smokers	4.4	1.2	2.8
Current cigarette smokers ¹	8.9	2.7	5.8
Daily cigarette smokers ¹	3.6	1.2	2.4
Former daily tobacco smokers ² (among all adults)	3.1	2.2	2.6
Former daily tobacco smokers ² (among ever daily smokers)	30.6	52.3	37.0
	MEN (#)	WOMEN (#)	OVERALL (#)
Average number of cigarettes smoked per day among daily cigarette smokers	16.3	10.1	14.8
	MEN (%)	WOMEN (%)	OVERALL (%)
SMOKELESS TOBACCO USERS			
Current smokeless tobacco users	1.0	0.5	0.8
	MEN (%)	WOMEN (%)	OVERALL (%)
TOBACCO USERS (smoked and/or smokeless)			
Current tobacco users	9.7	3.1	6.4



CESSATION

	MEN (%)	WOMEN (%)	OVERALL (%)
Smokers who made a quit attempt in past 12 months ³	44.4	48.2	45.2
Current smokers who planned to or were thinking about quitting	62.1	71.8	64.4
Smokers advised to quit by a health care provider in past 12 months ^{3,4}	63.7	53.0	60.4

SECONDHAND SMOKE

	MEN (%)	WOMEN (%)	OVERALL (%)
Adults exposed to tobacco smoke at the workplace ^{5,†}	7.4	3.7	5.6
Adults exposed to tobacco smoke at home at least monthly	5.3	3.5	4.4
Adults exposed to tobacco smoke in restaurants ⁶	14.0	10.8	12.4

ECONOMICS

Average amount spent on 20 manufactured cigarettes [US Dollars]	6.55
Average cigarette expenditure per month among manufactured cigarette smokers [US Dollars]	72.56
Cost of 100 packs of manufactured cigarettes as a percentage of per capita Gross Domestic Product (GDP) 2013 ⁷	5.9%
Current manufactured cigarette smokers who purchased illegal cigarettes in the past 12 months ⁸	36.3%

MEDIA

TOBACCO INDUSTRY ADVERTISING	CURRENTSMOKERS (%)	NON-SMOKERS (%)	OVERALL (%)
Adults who noticed cigarette marketing in stores where cigarettes are sold ^{9,†}	27.8	19.6	20.1
Adults who noticed any cigarette advertisements/ promotions (other than in stores), or sporting event sponsorship [†]	31.6	28.3	28.5
	MEN (%)	WOMEN (%)	OVERALL (%)
COUNTER ADVERTISING			
Current smokers who thought about quitting because of a warning label [†]	39.0	47.7	41.0
	CURRENTSMOKERS (%)	NON-SMOKERS (%)	OVERALL (%)
Adults who noticed anti-cigarette smoking information on the television or radio [†]	53.3	56.9	56.7

KNOWLEDGE, ATTITUDES & PERCEPTIONS

	CURRENTSMOKERS (%)	NON-SMOKERS (%)	OVERALL (%)
Adults who believed smoking causes serious illness	93.1	90.5	90.6
Adults who believed breathing other peoples' smoke causes serious illness in nonsmokers	92.7	87.2	87.5
Adults who were aware of the law that prohibits smoking in public places	91.5	87.2	87.5
	CURRENTSMOKELESS USERS (%)	NON-USERS (%)	OVERALL (%)
Adults who believed smokeless tobacco use causes serious illness	80.1	83.3	83.3

¹ Includes manufactured cigarettes, hand-rolled cigarettes, and kreteks. ² Current non-smokers. ³ Includes current smokers and those who quit in the past 12 months. ⁴ Among those who visited a health care provider in the past 12 months. ⁵ Among those who work outside of the home who usually work indoors or both indoors and outdoors. ⁶ Among those who visited restaurants in the past 30 days. ⁷ 2013 per capita GDP estimated at 11,149.664 from the International Monetary Fund (IMF) website (accessed October 2, 2013). ⁸ Defined as purchasing cigarette packs that did not have any pictorial health warnings. ⁹ Includes those who noticed cigarettes at sale prices, free gifts or discount offers on other products when buying cigarettes, or any advertisements or signs promoting cigarettes in stores where cigarettes are sold. [†] During the past 30 days.

NOTE: Current use refers to daily and less than daily use. Adults refer to persons aged 15 years and older. Data have been weighted to be nationally representative of all non-institutionalized men and women aged 15 years and older. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups.

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APPENDIX J

COLLABORATORS

Regionales coordinators, Supervisors and Field Task Force

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