



GATS Objectives

The Global Adult Tobacco Survey (GATS) is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators.*

GATS is a nationally representative survey, using a consistent and standard protocol across countries including Uruguay. GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. It will also assist countries to fulfill their obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. The WHO has developed MPOWER, a technical assistance package of six evidence-based policies that include:

- M**onitor tobacco use and prevention policies
- P**rotect people from tobacco smoke
- O**ffer help to quit tobacco use
- W**arn about the dangers of tobacco
- E**nforce bans on tobacco advertising, promotion, and sponsorship
- R**aise taxes on tobacco.

GATS Methodology

GATS uses a global standardized methodology. It includes information on respondents' background characteristics, tobacco use (smoking and smokeless), cessation, second-hand smoke, economics, media, and knowledge, attitudes and perceptions towards tobacco use. In Uruguay, GATS was conducted in 2009 as a household survey of persons 15 years of age and older by the National Statistics Institute (INE)⁵. A multi-stage, geographically clustered sample design was used to produce nationally representative data. One individual was randomly chosen from each selected household to participate in the survey. Survey information was collected using handheld devices. The household response rate was 97.0%, the person response rate was 98.5% and the overall response rate was 95.6%. There were a total of 5581 completed interviews.

GATS Highlights

Tobacco Use

- In Uruguay, 25.0% of people age 15 years and older; 30.7% of men and 19.8% of women, currently smoke tobacco.

Cessation

- Nearly 8 in 10 current smokers plan to, or are thinking about quitting.

Second-hand Smoke

- 16.5% of adults are exposed to tobacco smoke at the workplace.
- 29.2% of adults are exposed to tobacco smoke at home at least weekly.

Media

- 44.6% of current smokers thought about quitting because of a warning label.
- Nearly 3 in 10 adults have noticed cigarette marketing in stores where cigarettes are sold.

Knowledge, Attitudes and Perceptions

- 97.6% of adults believe smoking causes serious illness.
- 1 in 4 adults are unaware that light, ultralight or mentholated cigarettes are as harmful as regular cigarettes.



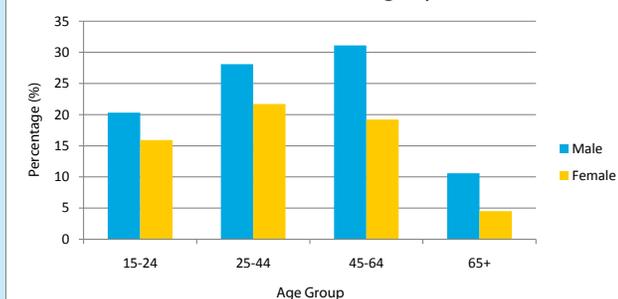


Tobacco Use

TOBACCO SMOKERS

	OVERALL(%)	MEN(%)	WOMEN(%)
Current tobacco smokers	25.0	30.7	19.8
Current cigarette smokers ¹	24.7	30.2	19.8
Current manufactured cigarette smokers	21.3	24.3	18.6
Current hand rolled cigarette smokers	8.1	13.5	3.3
Daily tobacco smokers	20.4	24.8	16.4
Daily cigarette smokers ¹	20.1	24.3	16.4
Daily manufactured cigarette smokers	16.9	18.7	15.3
Daily hand rolled cigarette smokers	7.0	11.7	2.8
Former daily tobacco smokers ² (among all adults)	16.4	20.5	12.7
Former daily tobacco smokers ² (among ever daily smokers)	42.0	42.8	41.0

Daily Smoking Prevalence by Age Group and Gender, GATS Uruguay, 2009



Cessation

	OVERALL(%)	MEN(%)	WOMEN(%)
Smokers who made a quit attempt in past 12 months ³	48.6	48.4	48.9
Current smokers who plan to or are thinking about quitting	75.7	76.7	74.3
Smokers advised to quit by a health care provider in past 12 months ^{3,4}	54.5	56.7	52.3
Smokers who quit in the last 12 months who are now abstinent	8.0	6.6	9.9

Second-hand Smoke

	OVERALL(%)	MEN(%)	WOMEN(%)
Adults exposed to tobacco smoke at the workplace ^{5, 1}	16.5	21.4	11.8
Adults exposed to tobacco smoke at home at least weekly	29.2	32.0	26.7

Economics

	LOCAL CURRENCY
Average price of a pack of manufactured cigarettes (in pesos uruguayos)	60.4
Monthly individual expenditure on manufactured cigarettes (in pesos uruguayos)	991.0
	OVERALL(%)
Price of 100 packs of manufactured cigarettes as a percentage of per capita Gross Domestic Product (GDP) ⁶	3.0

Media

TOBACCO INDUSTRY ADVERTISING	OVERALL(%)	CURRENT SMOKERS(%)	NON-SMOKERS(%)
Adults who noticed cigarette marketing in stores where cigarettes are sold ^{7, 1}	26.8	30.1	25.7
COUNTER ADVERTISING	OVERALL(%)	MEN(%)	WOMEN(%)
Current smokers who thought about quitting because of a warning label ¹	44.6	42.2	47.8
	OVERALL(%)	CURRENT SMOKERS(%)	NON-SMOKERS(%)
Adults who noticed anti-cigarette smoking information on the television or radio ¹	72.4	73.5	72.0

Knowledge, Attitudes and Perceptions

	OVERALL(%)	CURRENT SMOKERS(%)	NON-SMOKERS(%)
Adults who believe smoking causes serious illness	97.6	95.4	98.3
Adults who believe exposure to tobacco smoke causes serious illness in nonsmokers	93.8	91.9	94.4
Adults who are unaware that light, ultralight or mentholated cigarettes are as harmful as regular cigarettes ⁸	24.7	23.5	25.1

¹ Includes manufactured cigarettes and hand-rolled cigarettes. ² Current non-smokers. ³ Includes current smokers and those who quit in past 12 months. ⁴ Among those who visited a health care provider in past 12 months. ⁵ Among those who work outside of the home who usually work indoors or both indoors and outdoors. ⁶ Source for 2008 per capita GDP: International Monetary Fund (IMF) ⁷ Includes those who noticed cigarettes at sale prices, free gifts or discount offers on other products while buying cigarettes, or any advertisements or signs promoting cigarettes in stores where cigarettes are sold. ⁸ Among those who believe smoking causes serious illness. ¹ During the past 30 days.

*NOTE: Adults refer to persons age 15 years and older. Data have been weighted to be nationally representative of all non-institutionalized men and women age 15 years and older. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups. Current use refers to daily and less than daily use.

⁵In Uruguay, GATS was coordinated by the National Program for Tobacco Control of the Ministry of Public Health (MSP), implemented by the National Institute of Statistics (INE) with the assistance of the Latin American Center for Human Economics (CLAEH); the statistical analysis was done by the Department of Surveillance in Health (MSP) and INE. This survey had the support of the country office of the Pan American Health Organization (PAHO-Uruguay).

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