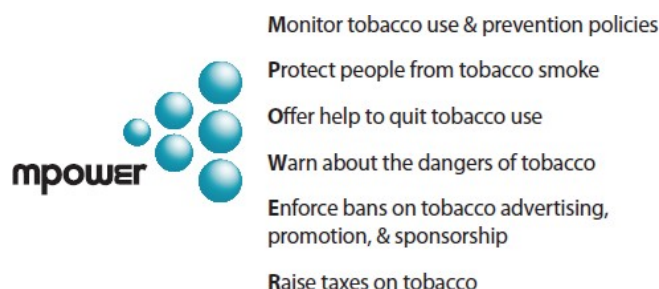


### BACKGROUND

The Global Adult Tobacco Survey (GATS) is a global standard protocol for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators. This household survey collects data on persons 15 years of age and older. In Uruguay, the National Statistics Institute (INE)<sup>§</sup> and Ministry of Public Health conducted GATS in 2009 and in 2017. Both the surveys used similar multistage stratified cluster sample designs to produce nationally representative data. There were 5,581 interviews conducted in the 2009 survey with an overall response rate of 95.6%. There were 4,966 interviews conducted in the 2017 survey with an overall response rate of 89.4%. For additional information, refer to the GATS Uruguay 2009 and 2017 country fact sheets.

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's (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO has developed MPOWER, a package of six evidence-based demand reduction measures contained in the WHO FCTC:



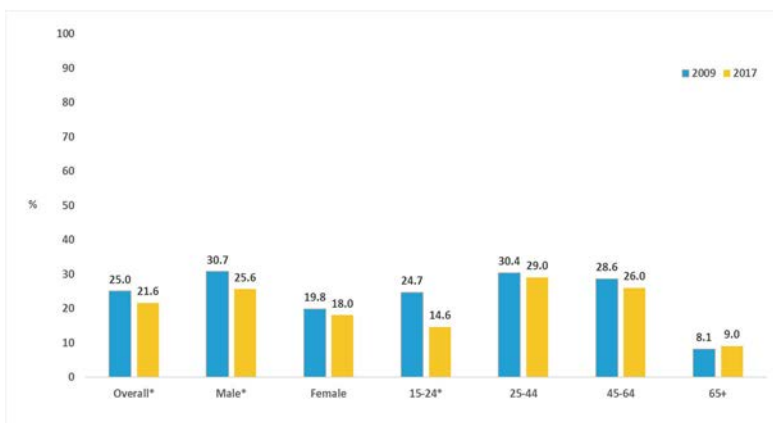
### KEY POLICY CHANGES

- Continued strengthening and coordinating tobacco control and prevention activities among local health authorities.
- In 2014, Uruguay amended the existing tobacco control policy to completely prohibit tobacco advertising, promotion, and sponsorship.
- In 2014, a new tobacco control policy was adopted to prohibit the exhibition of tobacco products at the point of sale.
- In 2014, the inspection mechanism to ensure compliance with national tobacco control policies was strengthened.
- In 2014, the Ministry of Health issued the "National Strategy to Promote Smoking Cessation" which included the elaboration of three videos on the ABCs of cessation.
- In 2014, Uruguay ratified the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products and created an interagency committee for protocol implementation.
- In December 2014, June 2015, and January 2016, taxes were increased on tobacco products.

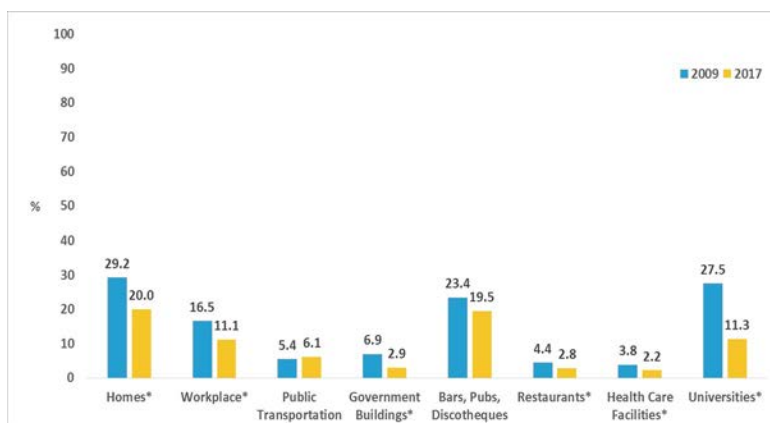
### KEY FINDINGS

- Overall tobacco smoking prevalence significantly declined from 25.0% in 2009 to 21.6% in 2017, a relative decline of 13.4%. Tobacco smoking significantly declined among males from 30.7% in 2009 to 25.6% in 2017; among females, tobacco smoking was 19.8% in 2009 and 18.0% in 2017, which was not a statistically significant difference. By age group, there was a significant decline in tobacco smoking only among the 15-24 age group (24.7% to 14.6%), representing a relative change of 40.9%.
- Exposure to secondhand smoke (SHS) in homes, workplaces, and in various public places significantly declined from 2009 to 2017. In homes (at least weekly) exposure to SHS declined from 29.2% to 20.0%, representing a relative decline of 31.5%. In workplaces (in the last 30 days), exposure to SHS declined from 16.5% to 11.1%, representing a relative decline of 32.8%. The largest drop in exposure to SHS in various public places occurred in universities (in the last 30 days) from 27.5% to 11.3% representing a relative decline of 58.8%.
- There was no significant change in the percentage of smokers who were asked if they smoked, were advised to quit, or reported receiving counseling to quit from health care providers, from 2009 to 2017.
- There was no significant change in the percentage of current smokers who noticed health warnings on cigarette packages or thought about quitting due to the health warnings, from 2009 to 2017.
- There was a significant decline in the percentage of adults who noticed any tobacco advertisement, sponsorship, or promotion during the last 30 days from 44.3% in 2009 to 34.5% in 2017. This represents a relative decline of 22.1%. Although significant declines were observed across all age groups, noticing any advertisement, sponsorship, or promotion still remains high among the 15-24 year age group (49.5%).
- Among current manufactured cigarette smokers, there was no significant change in the average cost of a pack of 20 manufactured cigarettes from 2009 (\$106.1 Uruguayan pesos (UYU), inflation adjusted) to 2017 (\$105.0 UYU). The average cigarette expenditure per month also did not significantly change (\$1740.1 UYU (inflation adjusted) in 2009 and \$1849.8 UYU in 2017).

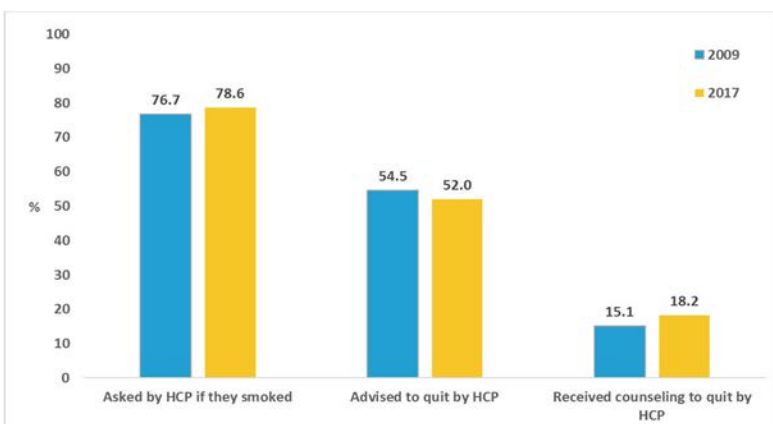
### m Prevalence of current tobacco smoking by gender and age, Uruguay 2009 and 2017



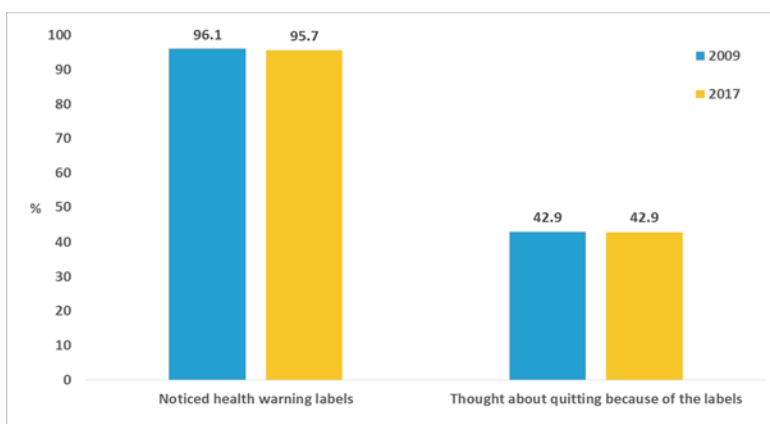
### p Exposure to secondhand smoke in various places<sup>¶</sup>, Uruguay 2009 and 2017



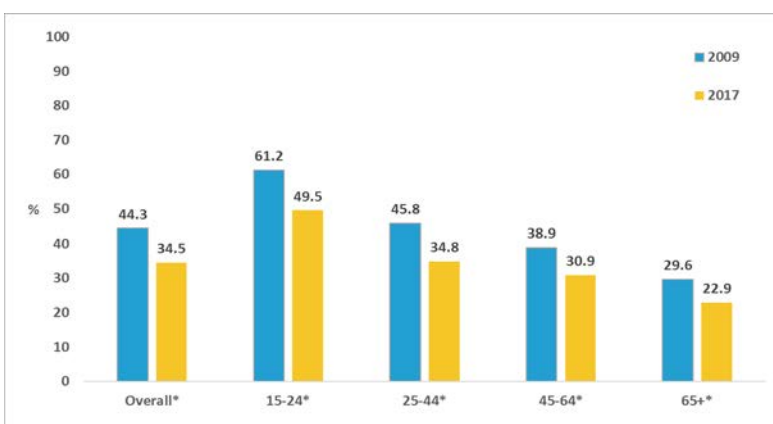
### o Smokers who received health care provider advice in the past 12 months, Uruguay 2009 and 2017



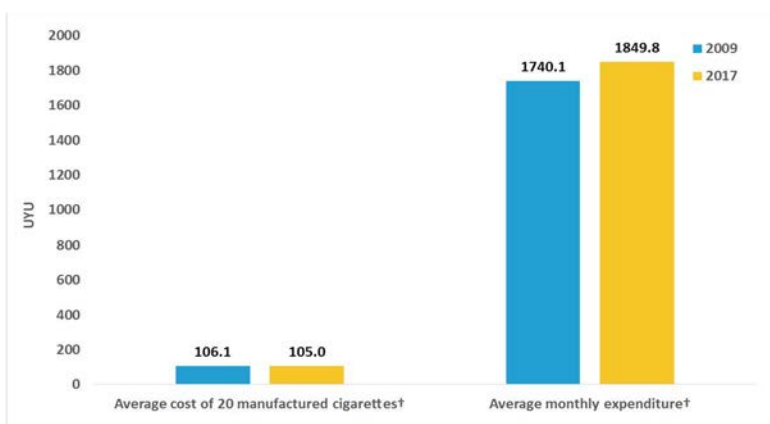
### w Noticing and effects of health warning labels on cigarette packages, Uruguay 2009 and 2017



### e Noticed any tobacco advertisement, sponsorship, or promotion during the last 30 days by age, Uruguay 2009 and 2017



### r Average amount paid for 20 manufactured cigarettes and average cigarette expenditure per month in Uruguayan pesos (UYU), Uruguay 2009 and 2017



**NOTE:** Current use refers to daily and less than daily use. Adults refer to persons aged 15 years and older. Data have been weighted to be nationally representative of all non-institutionalized men and women aged 15 years and older. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups. § In Uruguay, GATS was coordinated by the National Program for Tobacco Control of the Ministry of Public Health (MSP), implemented by the National Institute of Statistics (INE). The statistical analysis was done by INE and CDC. This survey had the support of the country and regional levels of the Pan American Health Organization/World Health Organization (PAHO/WHO). ¶ Secondhand smoke indicators calculated as follows: Homes: exposure to tobacco smoke at home at least weekly; Workplace: among those who work outside of the home who usually work indoors or both indoors and outdoors; Public places: among those who visited in the past 30 days. † GATS Uruguay 2009 cost data were adjusted for inflation for direct comparison to 2017 using the Inflation Rate for Average Consumer Prices from the International Monetary Fund's World Economic Outlook Database. \* Indicates comparison is statistically significant at p<0.05.

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