

# The International Tobacco Control Policy Evaluation Project ITC Uruguay National Report

FINDINGS FROM THE WAVE 1 TO 3 SURVEYS (2006-2011)

AUGUST 2012



Promoting Evidence-Based Strategies to Fight the Global Tobacco Epidemic



International Tobacco Control Policy Evaluation Project

UNIVERSITY OF WATERLOO



## Foreword

This study by the Tobacco Epidemic Research Center (CIET Uruguay) and the ITC Project at the University of Waterloo (Canada), is a relevant contribution that frames a horizon of medium- and long-term work. The deepening of the Health Reform is the line of work of the Ministry of Public Health and advancing in the fight against tobacco is one of the priorities of

the current administration, in all the different areas that should be the battle front (that is, advancing the fight in the whole battle front).

The success of the anti-tobacco policy developed for Uruguay, recognized and supported at the international level by the World Health Organization (WHO) and the countries that comprise it, is sustained in the legislation and evaluated in terms of economy, finance, and health policy, because the country deserves health for every Uruguayan.

Our government has understood the dimension of the problem and has decided to take the necessary measures, clearly established by the WHO Framework Convention on Tobacco Control. Therefore, in March 2008, Law 18.256 on tobacco control was approved, which included 6 strategic axes: 100% smoke-free environments; supervision of that regulation; health warnings with images and captions on both principal sides of the package; a comprehensive advertising ban; incorporation of diagnosis and treatment of tobacco dependency at the first level of attention of public and private health services with mandatory smoking cessation clinics; prohibition of terms, marks, signs, or promotions that create the false impression that certain tobacco products are less harmful than others, and any promotion of this false impression through cigarette packs.

Moreover, additionally and as a complement to the strategy, the government has had a policy of progressive tobacco product price increases through tax increases.

Also, it is important to note the consistency of the tobacco policy, combining market aspects such as price, with aspects of prohibition and finally with aspects of prevention and health promotion by both private and public providers.

It should be noted that the successes have been clear with respect to tobacco use and there is evidence that: the prevalence of tobacco use has decreased by 25% in the last 3 years; there has been a reduction in the rate of heart attack hospital admissions by 22% from a year before Law 18256 to a year after; the air contamination in enclosed public spaces, based on the measurement of air particles smaller than 2.5 microns, has decreased by more than 90%.

In March 2012, Uruguay was recognized with the Bloomberg Award for its policy on Warnings, due to its legislation to include warnings on cigarette packs, covering 80% of the principal sides of the package.

In May 2012, the Ministry of Public Health presented to Parliament a bill that modifies the second subsection of Article 7 of Law 18.256, with the objective of prohibiting the advertising, promotion, and sponsorship of tobacco products in the places where they are sold.



This measure satisfies the international commitments that Uruguay made in the context of the fight against tobacco.

The baseline study reinforces aspects that are already being analyzed by the Ministry of Health, such as the strengthening of cessation services and telephone help lines, to support the smokers who intend to quit.

At this time, the incorporation of a new dimension of the fight against tobacco is underway, in regards to communication and education. In this sense, communication campaigns should be focused not only on the health damage of smoking, but also on the damage of second-hand smoke, in order to support smoke-free environments. The reinforcement of these environments will also support those who intend to quit.

The need also arises to implement other acts that allow the social environment to promote and support quitting.

On the other hand, if we intend to have tobacco prevention acts that are sustainable over time and gain a foothold in the conscience of each citizen, it is essential to work, with the collaboration of all the involved institutions, on the health promotion and the prevention of chronic non-communicable diseases, meaning cardiovascular disease, cancer, and diabetes, which are the principal causes of premature death and disability in the majority of Latin American countries and account for 60-70% of deaths. These diseases share common risk factors that include smoking, a sedentary lifestyle, poor diet, obesity, and hypertension.

There is evidence that these non-communicable diseases can be prevented and controlled through lifestyle changes, public policies, and health interventions, which require an interdisciplinary and integrated approach, a path that our country is taking through different actions, among them the launch of the National Physical Activity and Health Program “Pro MOVE,” through which the Public Health Ministry and Tourism and Recreation systemize and arrange, which has already been developed by different organizations and public and private institutions related to both health and sports.

This publication of CIET and the ITC Project at the University of Waterloo will serve as a guide for the continuation of actions and also to continue putting Uruguay at center stage in the region and in the world, since the anti-tobacco policy is a fight for the entire country: a national policy.

The challenges are many for the tobacco control policy undertaken by our government – among them the litigation with Philip Morris – but we are convinced of the actions that we are spearheading, as our motive has been nothing more and nothing less than the right to health of the whole population.

Dr. Jorge Venegas  
Minister of Health



Dr. JORGE VENEGAS  
Ministro  
Ministero de Salud Pública

“To legislate on tobacco  
is to respect the right  
of the people to a  
healthy and full life.”

Dr. Tabaré Vázquez  
Former President of Uruguay (2005–2010)



## Message

I believe that is unnecessary to focus on the relationship between tobacco use and disease in a report that is designed, primarily, for those who are knowledgeable and active in public health. Moreover, I think that it is not appropriate to devote the preface of a report to the balance of the management of government.

This report presents the findings of the joint research of the Tobacco Epidemic Research Center (CIET/Uruguay) and the ITC Project centered at

the University of Waterloo, which addresses a problem that is not foreign to me as a physician. The government of the Western Republic of Uruguay, which I had the honour of presiding during the period 2005-2010 implemented concrete policies to address the tobacco problem. The tobacco control policies that were implemented did not start from zero, nor were they implemented in a political and civic vacuum.

There are two examples of this:

1. In 2004, the National Parliament, with the support of all political parties, ratified the World Health Organization Framework Convention on Tobacco Control.
2. The advancement of tobacco control in Uruguay has come about from the involvement of our country as a whole: the political system, the scientific community, the health and education systems, the union organizations (from the Medical Union to the union of owners of convenience stores and bars), the media, and even smokers themselves.

Of course, not all of our advances in tobacco control have been simple and immediate. Our current tobacco control and prevention legislation has irritated powerful national and multinational interests. But laws are not made for individuals; they are for the benefit of the common good. And in the case of tobacco control, the common good is the health of the people of Uruguay that, by our constitution, is an essential mission of the State, inherent to it, and linked to its sovereignty.

Tobacco control policies such as smoke-free laws have put us on a path toward a better and stronger Uruguay. These policies have advanced our country with respect to the health of our population, of course. This report describes these benefits.

But tobacco control policies have also represented an advance in terms of the coexistence, of citizenship, of the construction of a political and social climate that supports public policies that are much more than *“matters reserved for specialists since that is what they were studying”* or *“issues that governments should solve since that is why we elected them.”*

The issue of tobacco control, like many others that are an inherent part of the daily lives of individuals, is one that we must all take responsibility for, every day, because that is how we build the future of our nation.

Dr. Tabaré Vázquez  
Former President of Uruguay (2005–2010)

Dr. Tabaré Vázquez.

“The findings of this Project show that the health warnings on cigarette packs have had a significant impact on smokers’ awareness and that Uruguay’s determination to have a single brand presentation has been effective in reducing smokers’ misinformation with respect to the risk associated with different types of cigarettes.”

Dra. María Julia Muñoz  
Presidenta de la Comisión Honoraria  
de Lucha Contra el Cáncer  
Former Minister of Health (2005-2010)



## Message

Tobacco use is a serious public health problem, but it is also an economic and social problem. Global studies show that in 2005, 6 million people died of tobacco-related illnesses, and that in 2030 those deaths will reach 8 million per year, and that those with lower income will be more affected by the use of tobacco and its diseases.

Uruguay is convinced that investing in helping people to quit smoking will improve public health by preventing cardiovascular diseases, respiratory diseases, and many forms of cancer. Tobacco use is not only linked to lung cancer, but also to other cancers, such as mouth cancer, larynx cancer, bladder cancer, and kidney cancer, as well as cervical cancer in women.

Organized civil society has been an enormous driving force to develop and enforce public policies. In this particular case, the Tobacco Epidemic Research Center (CIET) has also contributed by conducting important research studies at the national and international level, that have always helped in decision-making for the public welfare.

The International Tobacco Control Policy Evaluation Project (the ITC Project), a collaborative project with participation by 23 countries, has allowed us to monitor and evaluate the impact of such policies in Uruguay from 2006 to 2011.

The findings of this Project provide us with strong evidence showing that the measures implemented in our country have been effective. For example, among other important findings, they show that the health warnings on cigarette packs have had a significant impact on smokers' awareness and that Uruguay's determination to have a single brand presentation has been effective in reducing smokers' misinformation with respect to the risk associated with different types of cigarettes.

Without a doubt, the results of this multi-country comparative study will contribute to strengthening the position of Uruguay and other countries against the constant challenge created by the tactics used by tobacco industries to sabotage the development of tobacco control policies.

I congratulate the Uruguay team that has participated in the ITC Project, the Tobacco Epidemic Research Center (CIET), the Universidad de la República, and the University of Waterloo (Canada) for this excellent report which gives us valuable scientific evidence.

I encourage our friends from CIET to continue this effort by developing further research of this quality, to ensure that both our country and the region have more information to help keep up the fight against the plague of tobacco.

Onwards!!!

Dra. María Julia Muñoz  
Presidenta de la Comisión Honoraria  
de Lucha Contra el Cáncer  
Former Minister of Health (2005-2010)



DRA. MARÍA JULIA MUÑOZ  
Presidenta



Findings from the Wave 1 to 3 Surveys

# ITC Uruguay National Report

# 2006-2011

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“The enemy, the tobacco industry, has changed its face and its tactics. The wolf is no longer in sheep’s clothing, and its teeth are bared. Tactics aimed at undermining anti-tobacco campaigns, and subverting the Framework Convention, are no longer covert or cloaked by an image of corporate social responsibility. They are out in the open and they are extremely aggressive.

The high-profile legal actions targeting Uruguay, Norway, Australia, and Turkey are deliberately designed to instill fear in countries wishing to introduce similarly tough tobacco control measures...

Numerous other countries are being subjected to the same kind of aggressive scare tactics. It is hard for any country to bear the financial burden of this kind of litigation, but most especially so for small countries like Uruguay. This is not a sane, or reasonable, or rational situation in any sense. This is not a level playing field...

We can, and must, stop this industry’s massive contribution to sickness and death, dead in its tracks.”

Dr. Margaret Chan, Director-General  
World Health Organization

Keynote address at the 15<sup>th</sup> World Conference on Tobacco or Health, Singapore 20 March 2012

# ITC POLICY EVALUATION PROJECT

The International Tobacco Control Policy Evaluation Project (the ITC Project) is a multi-country prospective cohort study designed to measure the psychosocial and behavioural impact of key policies of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). As a party to the WHO FCTC since 2004, Uruguay has become a leader in Latin America and globally for implementing strong evidence-based policies, as defined in the FCTC treaty text and in the FCTC Guidelines developed and adopted by the FCTC Conference of the Parties.

This report presents results of Waves 1 to 3 (2006 – 2011) of the ITC Uruguay Survey – a face-to-face survey of a cohort of approximately 1,400 adult smokers in the cities of Montevideo, Durazno, Maldonado, Rivera, and Salto (see p. 19 Table 2 for exact sample sizes). The latter four cities were included in the ITC Uruguay Survey at Wave 2 (2008-09) and Wave 3 (2010-11) to provide diversity of urban representation to the sample. The key findings contained in this report provide evidence regarding attitudes and behaviours of adult smokers to assist policymakers in implementing effective tobacco control policies in Uruguay.

## ITC Uruguay Survey Team

### ITC Uruguay Team

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## Funding for the ITC Uruguay Project

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## ITC Uruguay Project Report

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# BACKGROUND

## The ITC Project Surveys

The International Tobacco Control Policy Evaluation Project (the ITC Project) is the first-ever international cohort study of tobacco use. Its overall objective is to measure the psychosocial and behavioural impact of key national level policies of the WHO Framework Convention on Tobacco Control (FCTC). The ITC Project is a collaborative effort with international health organizations, researchers, and policymakers in 23 countries (see back cover) so far, inhabited by more than 50% of the world's population, 60% of the world's smokers, and 70% of the world's tobacco users. In each country, the ITC Project is conducting longitudinal cohort surveys to assess the impact and identify the determinants of effective tobacco control policies in each of the following areas:

- Health warning labels and pack descriptors
- Pricing and taxation of tobacco products
- Tobacco advertising and promotion
- Smoke-free legislation
- Education and support for cessation

All ITC Surveys are developed using the same conceptual framework and methods, and the survey questions, which include more than 150 questions directly relating to policy impact, are designed to be identical or functionally equivalent across all ITC countries in order to allow strong cross-country comparisons. The ITC Project aims to provide an evidence base to guide policies enacted under the FCTC, and to systematically evaluate the effectiveness of these legislative efforts.

The ITC Uruguay Wave 1 to 3 Surveys (2006-11) were conducted during the implementation of several major tobacco control policies in Uruguay, including a comprehensive ban on indoor smoking in public places (March 2006), 4 rounds of pictorial warning labels (April 2006 to December 2009), a ban on tobacco advertising and promotion (April 2008), and several tobacco price and tax increases. The findings presented in this report provide evidence of the impact of these tobacco control policies on smokers in Uruguay.

## The ITC Uruguay Survey

The ITC Uruguay Survey is a national survey conducted by researchers from the Department of Sociology (Departamento de Sociología) in the Facultad de Ciencias Sociales of the Universidad de la República de Uruguay, the Sindicato Médico del Uruguay, and Instituto Nacional de Salud Pública de Mexico-University of South Carolina in collaboration with the ITC Uruguay Project team centered at the University of Waterloo in Canada. The main objectives of the ITC Uruguay Survey are:

- 1) To examine patterns of behaviour and opinions associated with the use of tobacco by adults in Uruguay.**
- 2) To examine the impact of tobacco control policies that have already been implemented, and that will be implemented in Uruguay.**
- 3) To compare the behaviour of smokers and the impact of policies between Uruguay and other countries that have adopted comparable legislation.**

The ITC Uruguay Survey is a prospective longitudinal study of adult (18 years of age or older) smokers. Wave 1 of the ITC Uruguay Survey was conducted in November and December 2006; Wave 2 of the ITC Uruguay Survey was conducted between September 2008 and February 2009; and Wave 3 was conducted from October 2010 to January 2011. The Wave 1 to 3 Surveys were conducted among a cohort of approximately 1,000 smokers in Montevideo. Four cities were added to the Wave 2 and 3 Surveys - Salto, Maldonado, Durazno, and Rivera – where a total of approximately 400 smokers were surveyed.

# KEY FINDINGS

## Smoking and Quitting Behaviour

1. The majority (90%) of smokers in Uruguay are daily smokers. They smoke on average less than one pack (16 cigarettes) a day and most (76%) smoke factory-made cigarettes only. Those who smoke hand-rolled cigarettes (24%) do so mainly because they are less expensive.
2. More than two-thirds (71%) of smokers in Uruguay have tried to quit smoking. This rate is slightly higher than in Mexico, New Zealand, and China where approximately 60% of smokers have ever tried to quit, but lower than most other ITC countries where more than 80% of smokers have ever tried to quit.
3. Overall, the majority (81%) of smokers are not planning to quit smoking in the near future. Nearly half (48% at Wave 3 (2010-11)) of smokers across all three waves reported that they had plans to quit sometime in the future beyond 6 months and at least one-third (33%) at Wave 3 had no plans to quit at all.
4. As in nearly all ITC countries, concern for personal health was consistently the most common reason for quitting across all three waves. The largest increases in reasons to quit between Wave 2 and 3 were for warning labels on cigarettes and advertising/information about health risks. This increase occurred when Uruguay's warnings changed from the smaller, symbolic, moderate images on pack warnings in the Round 1 and 2 labels to the larger, and more intense images of severe health effects in the Round 3 and 4 labels (introduced in 2009).
5. Societal disapproval is the least commonly reported reason to quit and declined over the three waves from 30% to 17% of smokers.
6. Almost half (49% at Wave 3) of smokers who visit a doctor or other health professional receive advice to quit smoking. This is lower than other ITC countries such as the United States, Thailand, and Malaysia where more than two-thirds of smokers who visit a doctor or health professional report receiving advice to quit.
7. Uruguay has been an active and progressive leader in tobacco control both in South America and in the world. There is support even among smokers for the government's actions. In fact, two-thirds (65%) of smokers support even stronger government action to protect the public from the harms of smoking.



## Smoke-free Public Places and Workplaces

8. Smokers' support for comprehensive smoking bans in all public places has increased steadily since the implementation of the 2006 smoke-free regulations in Uruguay. For example, support for smoke-free workplaces has increased from 54% of smokers in 2006 to 90% in 2010-11.
9. The prevalence of home smoking bans has increased since the implementation of the 2006 smoke-free regulations in Uruguay from 18% to almost one-third (29%) of smokers in 2010-11. However, ITC cross-country comparison analyses show that home smoking bans are more prevalent in other Latin American countries that do not have comprehensive smoke-free legislation, suggesting that the prevalence of home smoking bans could rise further in the future.
10. The reported prevalence of smoking indoors in restaurants and cafés has remained very low (5% in 2008-09 and 6% in 2010-11) 3 to 4 years post-implementation of the smoke-free law. However, smoke-free workplaces were less prevalent; nearly one-quarter (23%) of smokers in 2011 reported observing smoking indoors at work.

## Health Warning Labels



11. Uruguay's first 2 rounds of pictorial warnings, which consisted of symbolic images using cigarettes and smoke to represent health consequences (Round 1) and images of objects associated with death (Round 2), showed either no change or a slight decrease in measures of warning effectiveness.
12. When Uruguay replaced the abstract/symbolic Round 1 and 2 warnings that occupied 50% of the front and back of the pack with more graphic images with clearer health messages (Round 3 and 4) that were larger (80% of the front and back at Round 4), there were significant increases in several indicators of warning effectiveness (noticing the warnings, reading/looking closely at the warnings, thinking about the health risks, thinking about quitting, avoiding looking at the labels, and giving up a cigarette because of the labels).

## Misleading Descriptors

13. After the February 2010 ban on multiple brand variations, fewer smokers in Uruguay incorrectly believed that "light" brands are less harmful, less addictive, and make it easier to quit compared to before the ban (2008-09). At Wave 3 (2010-11), 15% believed that "lights" are less harmful (compared to 29% at Wave 2), 13% believed that "lights" are less addictive (compared to 18% at Wave 2), and 10% believed that "lights" make it easier to quit (compared to 15% at Wave 2).

## Tobacco Advertising, Promotion, and Sponsorship

14. The April 2008 ban on tobacco advertising, promotion, and sponsorship has resulted in a dramatic reduction of tobacco marketing through advertising campaigns and event sponsorship and tobacco promotion. For example, observed advertising on television and posters, bus stops, or billboards decreased from more than 70% of smokers before the ban to less than 20% of smokers after the ban.
15. Smokers in Uruguay continue to be exposed to tobacco marketing at point of sale locations and through different forms of entertainment media, venues that are currently not included in the 2008 Smoking Control Regulations. In 2010-11, almost one-half (46%) of smokers noticed tobacco advertising in convenience stores and supermarkets in the past 6 months. Across all three waves, about one-third (33% at Wave 3) of smokers noticed people smoking in the entertainment media in the past 6 months.



## Education, Communication, and Public Awareness

16. The lack of large-scale mass media campaigns on the harms of smoking and benefits of quitting after 2006 has been noticed by smokers. Campaign information conveyed through posters, billboards, and bus stops had a longer lasting impact than information transmitted through other media channels. Despite the decline in large media campaigns after 2006, the majority of smokers in Uruguay are well-informed of the health risks of cigarette smoke and the dangers of exposing non-smokers to second-hand smoke. More than 90% of smokers are aware that second-hand smoke causes lung cancer in non-smokers, respiratory diseases in children, and lung cancer in smokers. Knowledge of the harms of second-hand smoke is particularly high in Uruguay compared to high-income ITC countries such as the United Kingdom and Australia where less than 80% of smokers are aware that second-hand smoke causes lung cancer in non-smokers.
17. There is a lack of awareness among almost half (46%) of smokers in Uruguay that smoking can cause strokes. However, this health effect caused by smoking is included in the current Round 5 pictorial warning labels.
18. Tobacco warning labels are a highly salient source of information on the harms of smoking and the benefits of quitting – even more salient than television, posters, radio, newspapers and magazines.

## Tobacco Price and Taxation

19. Uruguay has implemented several tax increases between 2006-11. While cigarettes became less affordable between October 2008 and January 2011 due to strong price and tax increases on tobacco products, further increases in price and tax would be necessary in order to achieve dramatic reductions in smoking prevalence by 2025.

# THE TOBACCO LANDSCAPE IN URUGUAY

This section provides an overview of tobacco use and tobacco control policies in Uruguay at the time of the ITC Uruguay Wave 1 (November – December 2006), Wave 2 (September 2008 – February 2009), and Wave 3 (October 2010 – January 2011) Surveys.

Uruguay became a Party to the WHO Framework Convention on Tobacco Control (FCTC) on September 9, 2004. Since then, Uruguay has demonstrated leadership in Latin America and globally in implementing strong national policies across several policy domains of the FCTC – including Latin America’s first ban on smoking in enclosed public places in 2006, the world’s largest pictorial warnings on 80% of the front and back of the pack in 2009, and the first ever ban on differentiated branding (i.e. applying the same brand to a family of tobacco products) in February 2010. In recognition of their leadership in implementing strong cigarette pack warnings, the Uruguay Ministry of Health was awarded a Bloomberg Award for Global Tobacco Control in March 2012.



## Smoking Prevalence

Tobacco use is the most preventable cause of disease and death in the world today. Smoking rates among adults and youth are high in many regions of Latin America, including Uruguay.<sup>1,2</sup> It is estimated that 19.5% of male deaths and 9.5% of female deaths in Uruguay in 2004 were attributable to tobacco use.<sup>3</sup>

According to the 2009 Global Adult Tobacco Survey, 25% of adults (15 years of age or older) in Uruguay smoke cigarettes. Over the last decade, the government of Uruguay has made substantial progress in strengthening tobacco control legislation to reduce smoking rates. Adult smoking prevalence rates have declined from 39% of males and 28% of females in 2003 to 31% of males and 20% of females in 2009.<sup>4,5</sup>

There is evidence to suggest that the gender gap in smoking prevalence is narrowing.<sup>6,7</sup> The 2010 National Drug Commission Report on Youth Drug Consumption showed that 18.4% of secondary school students were current smokers in 2009, including 21.1% of females and 15.5% of males.<sup>8</sup>

1. World Health Organization (2008). *WHO report on the global tobacco epidemic: The MPOWER package*. Geneva: World Health Organization. Available at: <http://www.who.int/tobacco/mpower/2008>

2. Global Youth Tobacco Survey Collaborative Group (2002). *Tobacco use among youth: A cross country comparison*. *Tobacco Control*, 11(3), 252–270.

3. Sandoya, E., & Bianco, E. (2011). *Mortality from tobacco use and secondhand smoke in Uruguay*. *Revista Uruguaya de Cardiología*, 26, 201–206.

4. World Health Organization (2011). *WHO report on the global tobacco epidemic, 2011*. Geneva: World Health Organization. Available at: [http://www.who.int/tobacco/surveillance/policy/country\\_profile/ury.pdf](http://www.who.int/tobacco/surveillance/policy/country_profile/ury.pdf)

5. Mackay, J.M., Bettcher, D.W., Minhas, R., & Schotte, K. (2012). *Successes and new emerging challenges in tobacco control: Addressing the vector*. *Tobacco Control*, 21 (2), 77–79.

6. Müller, F., & Wehbe, L. (2008). *Smoking and smoking cessation in Latin America: A review of the current situation and available treatments*. *International Journal of COPD*, 3(2), 285–293.

7. Warren, C.W., Jones, N.R., Peruga, A., Chauvin, J., Baptiste, J.P., et al. (2008). *Global youth tobacco surveillance, 2000–2007*. *Morbidity and Mortality Weekly Report: Surveillance Summaries*, 57(1), 1–28.

8. Junta Nacional de Drogas (2010). *Cuarta Encuesta Nacional sobre Consumo de Drogas en Estudiantes de Enseñanza Media*.

# Tobacco Control Policies

The WHO Framework Convention on Tobacco Control (FCTC), the world's first public health treaty, addresses the global tobacco epidemic through a variety of measures to reduce tobacco demand and supply, including price and taxation (Article 6), smoke-free policies (Article 8), packaging and labelling of tobacco products (Article 11), tobacco advertising and sponsorship (Article 13), cessation and treatment (Article 14), illicit trade (Article 15), and sales to minors (Article 16). With 175 member Parties as of June 2012, the FCTC is one of the most successful treaties ever established.

The following section summarizes the tobacco control policies in Uruguay at the time of the ITC Uruguay Wave 1 to Wave 3 Surveys (2006 – 11), organized according to the tobacco control domains of the FCTC.

## Packaging and Labelling of Tobacco Products

### Health Warnings

Article 11 of the FCTC states that each Party shall adopt and implement effective packaging and labelling measures. The Article 11 Implementation Guidelines, which were adopted in November 2008, state that health warnings should include graphic images, cover at least 50% of the front and back of the pack, and include distinctive borders to make the warnings more prominent.<sup>9</sup>

Uruguay was the eighth country in the world to require pictorial health warnings, beginning with Round 1 warnings in April 2006. The regulations for Round 1 warnings were developed in 2005 and required 8 rotating images to cover the bottom 50% of both the front and back of the package. An equal number of each type of pack design was ordered to be printed for each brand available on the market.<sup>10</sup>

In February 2008, Round 2 warnings were implemented in Uruguay, which carried over the 50% health warning requirement but issued 3 new images to appear on packages. These new images were more symbolic than the previous warnings and included images of dynamite, poison, and a tombstone.<sup>11</sup>

In February 2009, 9 new images were released in the Round 3 pictorial warnings. These warnings focused more on some of the specific health effects of smoking as opposed to the general messages from the previous Round 1 and 2 warnings.

In June 2009, the government of Uruguay enacted a decree that increased the size of the pictorial health warnings from 50% to 80%, making them the largest warnings in the world. These Round 4 warnings were implemented on December 2009.<sup>12</sup> Six new graphic images were designated to appear on packs in 2010, covering the lower 80% of both principal display areas of all tobacco packages.

In July 2011, the Ministry of Public Health of Uruguay defined 2 new Round 5 pictorial warnings to be used on all tobacco packages beginning January 2012, replacing the previous 6 images. One image relates to the harmful effect of tobacco smoke on children, and the other relates to stroke.<sup>13</sup> Figure 1 illustrates the various changes in the Round 1 to Round 5 pictorial warnings that were implemented between 2006 and 2012.

On May 31, 2012, Uruguay launched an educational media campaign to increase awareness of the harms of tobacco and encourage smokers to quit. The four key messages of the campaign will be translated to new Round 6 health warnings with messages from real people, which are set to appear on packages in 2013.

9. World Health Organization. (2008). *Guidelines for Implementation of Article 11 of The WHO Framework Convention on Tobacco Control (Packaging And Labelling of Tobacco Products)*. Available at: [http://www.who.int/fctc/guidelines/article\\_11.pdf](http://www.who.int/fctc/guidelines/article_11.pdf)

10. Ministry of Public Health Decree No.415 (2005). Available at <http://www.tobaccolabels.ca/legislat/uruguay2>

11. Ministry of Public Health Decree No.284 (2008) on Regulations under Law No.18.256. Available at [http://www.tobaccocontrolaws.org/files/live/Uruguay/Uruguay%20-%20Decree%20No.%20284\\_008%20-%20national.pdf](http://www.tobaccocontrolaws.org/files/live/Uruguay/Uruguay%20-%20Decree%20No.%20284_008%20-%20national.pdf)

12. Ministry of Public Health Decree No.287 (2009) on Health Warnings. Available at [http://www.tobaccocontrolaws.org/files/live/Uruguay/Uruguay%20-%20Decree%20No.%20287\\_009.pdf](http://www.tobaccocontrolaws.org/files/live/Uruguay/Uruguay%20-%20Decree%20No.%20287_009.pdf).

13. Ministry of Public Health Ordinance No.375(2011). Available at <http://www.tobaccocontrolaws.org/files/live/Uruguay/Uruguay%20-%20Ordinance%20No.%20375%20-%20national.pdf>

Figure 1. Pictorial health warnings in Uruguay, 2006 to 2012

## Round 1 – 2006 to 2008 (50% of the front and back)

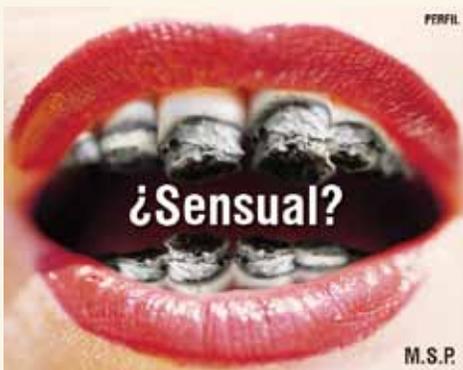


## Round 2 – 2008 to 2009 (50% of the front and back)



*The Round 1 and Round 2 warnings used abstract, symbolic images to convey the health effects associated with smoking and exposure to second-hand smoke.*

## Round 3 – 2009-2010 (50% of the front and back)



*The Round 3 and Round 4 warnings used more hard-hitting, graphic images of health effects.*

## Round 4 – 2010 to 2012 (80% of the front and back)



## Round 5 – 2012 to present (80% of the front and back)



*The Wave 4 Survey  
will evaluate the  
Round 5 warnings.*

## Misleading Package Descriptors

It is now well established that so-called “light” cigarettes are no less harmful than regular cigarettes, even though the tobacco industry promotes the belief that “light” cigarettes are safer or reduce the health risks of smoking.<sup>14, 15</sup> Article 11 of the FCTC requires Parties to implement measures to ensure that tobacco packaging and labeling are not misleading, deceptive, or likely to create the false impression that a particular tobacco product is less harmful than other tobacco products. This includes a ban on terms such as, but not limited to, “low tar”, “light”, “ultra-light”, or “mild”.

Uruguay implemented a ban on misleading descriptors at the same time as the Round 1 pictorial health warnings were issued in 2005, with Ordinance No.171 stating that tobacco products may not use expressions, terms, elements, brands, or signs that have the direct effect of creating a false impression, such as “low tar”, “light”, “ultralight”, or “mild”.<sup>16</sup>

In 2008, at the time of the Round 2 pictorial health warnings, the government expanded the ban on misleading descriptors through Ordinance No.284, which prohibits the use of terms, descriptive elements, manufacturers’ or business brand names, figurative symbols or those of any other kind, such as colors or combinations of colors, numbers or letters, that have the direct or indirect effect of creating the false impression that a particular tobacco product is less harmful than another.<sup>17</sup>

Despite these bans on misleading descriptors on tobacco packages, tobacco companies in Uruguay continued to promote the belief that some cigarettes are safer than others through brand stretching, presenting multiple variations of a brand with different colours and design elements. For example, gold colours on a package signified “light” cigarettes, and silver packs signified “ultra light” cigarettes.<sup>18</sup> In response to these misleading design elements, the Uruguayan government released Ordinance No.514 in 2009, which elaborated the ban on misleading descriptors and packaging by mandating that each brand of tobacco shall possess only a single form of presentation. This law, effective February 2010, means that each cigarette brand may only have one variant. For example, Marlboro Red was selected as the one brand variant for Marlboro, and other variants such as Marlboro Gold or Marlboro Blue could no longer be sold. The intent of this policy was to eliminate the false impression that one brand variant is more or less harmful than another.

14. Hecht, S., Murphy, S., Carmella, S., Li, S., Jensen, J., Le, C. et al. (2005). *Similar uptake of lung carcinogens by smokers of regular, light, and ultralight cigarettes*. *Cancer Epidemiology, Biomarkers & Prevention*, 14, 693–698.

15. *National Cancer Institute. (2001). Risks associated with Smoking Cigarettes with Low Machine-Measured Yields of Tar and Nicotine. Report of the NCI Expert Committee. Smoking and Tobacco Control, Monograph no. 13. Bethesda, MD: National Institutes of Health.*

16. *Ministry of Public Health Ordinance No.171(2005)*. Available at <http://www.bvsoncologia.org.uy/php/level.php?lang=en&component=42&item=4>

17. *Ministry of Public Health Decree No.284 (2008) on Regulations under Law No.18.256*. Available at [http://www.tobaccocontrolaws.org/files/live/Uruguay/Uruguay%20-%20Decree%20No.%20284\\_008%20-%20national.pdf](http://www.tobaccocontrolaws.org/files/live/Uruguay/Uruguay%20-%20Decree%20No.%20284_008%20-%20national.pdf)

18. Peterson, L.E. (2012). *Uruguay unveils its jurisdictional objections to Philip Morris arbitration claim*. *IARporter*. Jan. 31, 2012.

## Philip Morris Arbitration against Uruguay

On February 19, 2010, the tobacco company Philip Morris International (PMI) filed a request for arbitration against Uruguay under the Switzerland-Uruguay Bilateral Investment Treaty. Under this Treaty, Uruguay and Switzerland promised to treat each other’s investors fairly. They also agreed to submit disputes with the other country’s investors to binding international arbitration administered by the International Centre for the Settlement of Investment Disputes. PMI alleges that the provisions of Uruguay’s tobacco regulations go beyond reasonable public health regulations and deprive them of their ability to use their brands and trademarks. The measures that are currently being challenged in the arbitration are the requirement to increase the size of the warnings to 80% and the single brand presentation requirement.

PMI’s claim has been viewed as an attempt to weaken Uruguay’s tobacco control measures and intimidate other small developing countries that cannot afford to fight back in expensive litigation cases.<sup>19</sup> The Uruguayan government fought back against PMI, filing a memorial on jurisdiction in September 2011 claiming that the tribunal lacks jurisdiction to hear the case. PMI responded with a counter-memorial in January 2012, and Uruguay replied on April 20, 2012, but the arbitration is still pending a decision.

19. *Weiler T. Philip Morris vs. Uruguay: An analysis of tobacco control measures in the context of international investment law. Physicians for a Smoke Free Canada, 2010.*

Increasing tobacco taxes and prices (in a way that makes tobacco products less affordable to consumers) is recognized as the single most cost-effective tobacco control measure and a critical component of a comprehensive tobacco control strategy.

## Pricing and Taxation

Increasing taxes on tobacco products is considered to be one of the most effective components of a comprehensive tobacco control strategy, particularly among young people. Article 6 of the FCTC obligates countries that have ratified the treaty to adopt pricing and taxation measures that reduce tobacco consumption, such as sales restrictions and limitations on international travelers importing tax and duty-free tobacco products.

In May 2005, a tax increase on tobacco products was implemented in Uruguay as part of a larger tobacco control policy, but tobacco products were only subject to a specific tax known as IMESI and were exempt from value added taxes (VAT). In addition, taxes on hand-rolled tobacco were very low.<sup>20</sup>

In July 2007, a tax reform in Uruguay resulted in an increase of the VAT on cigarettes from 0% to 22%. However, this was offset by a decrease in the IMESI at the same time, so that the overall tax rate for cigarettes did not change much.

Since then, the IMESI has increased several times and at different rates for hand-rolled tobacco and cigarettes, including increases in June 2007, June 2009, and February 2010.

Currently, tobacco taxes in Uruguay are very high for the region and by international standards, with total taxes on the most popular brand of cigarettes at 72.3% in 2010.<sup>21</sup> Of course, the price that smokers pay can vary widely depending on the type of tobacco product and specific brand purchased.

Though taxes on cigarettes have been increasing since Uruguay ratified the FCTC, it is also important to look at changes in the affordability of cigarettes over time. Cigarette affordability refers to the quantity of resources required to buy cigarettes, and is a ratio of household income to the price of tobacco products. Increases in cigarette prices must adjust for increasing income growth in order to ensure that cigarettes do not actually become more affordable over time.

Cigarette affordability in Uruguay has been decreasing since around 1998, and especially since the first tax increase in 2005, which has led to gradually declining cigarette sales. However, this trend stopped in 2011 when affordability began to increase again, as cigarette prices fell and income continued to rise. This was followed by an increase in cigarette sales, demonstrating the importance of ensuring that tax increases are high enough to keep affordability of tobacco products low.<sup>22</sup>

20. Pan American Health Organization. (2011). *Global Adult Tobacco Survey (GATS): Uruguay 2009*. Uruguay: PAHO/WHO.

21. World Health Organization (2011). *WHO report on the global tobacco epidemic, 2011: Warning about the dangers of tobacco*. Geneva: World Health Organization.

22. Curti, Dardo. (2012). *Towards full implementation of Article 6 of Framework Convention on Tobacco Control (FCTC)*. Centro de Investigación para la Epidemia del Tabaquismo - CIET.

## Illicit Trade

Illicit trade is an important issue in tobacco control because it can reduce the impact of price and tax increases on tobacco products. Article 15 of the FCTC requires parties to implement effective measures against all forms of illicit trade of tobacco products.

There are three tobacco companies in Uruguay:

- 1) Montepaz, a domestically owned company that is the leading cigarette firm in Uruguay, controlling over 70% of the legal market.<sup>23, 24, 25</sup>
- 2) Abal Brothers Company/Philip Morris, the main multinational tobacco industry that controls around 20% of the market. By the end of 2011, they closed the factory in Uruguay and concentrated production in Argentina.
- 3) British American Tobacco (BAT), another multinational company that no longer manufactures cigarettes in Uruguay but imports brands from Argentina and Chile and has less than a 4% market share.

While there is no evidence of illegal cigarette production in Uruguay, the country does receive illegal cigarettes, mostly smuggled from Paraguay.<sup>26, 27</sup> There is no official data available on illicit trade of tobacco in Uruguay, but estimates of the current illicit share of the total cigarette market are between 22% to 25%.<sup>28, 29</sup>

Legislation against illicit trade of tobacco products is in place in Uruguay, where contraband is viewed as a customs infringement that is dealt with in civil and criminal law. However, there is no marking system in place to assist in identifying legally sold products or the origin of tobacco products.<sup>30, 31</sup>



## Smoke-free Public Places and Workplaces

Article 8 of the FCTC requires the adoption of effective measures to provide protection from exposure to second-hand smoke. Partial bans on smoking in public places have been in effect in Uruguay since 1996. In 2004, a Presidential Decree (Decree 98/004) mandated that all health establishments should be 100% smoke-free environments.

In 2006, Uruguay became the first Latin American country and the first middle-income country worldwide to adopt comprehensive smoke-free legislation at the national level. Under Presidential Decree 268/05 (effective March 1, 2006), which was later confirmed as Law No. 18.256 Smoking Control Regulations on March 10, 2008; smoking is prohibited in all indoor public places and workplaces (including bars and restaurants), and on public transportation, with no allowances for designated smoking rooms or areas. Smoking is also prohibited in outdoor spaces located on the premises of health and educational institutions.<sup>32, 33, 34, 35</sup>

23. Llambias, F. (2011, October 21). Philip Morris says closes plant in Uruguay amid lawsuit. Reuters. Retrieved June 14, 2012, from <http://www.reuters.com/article/2011/10/22/philipmorris-uruguay-idUSN1E79K1YZ20111022>
24. Carbajales, A.R. (2010). Fiscal policy, affordability and cross effects in the demand for tobacco products: The case of Uruguay. *Salud Pública de México*, 52(2), S186-S196.
25. Ramos, A. *Illegal trade in tobacco in MERCOSUR countries: working paper. The Center for Research into the Tobacco Epidemic (CIET Uruguay).*
26. Ramos, A. *Illegal trade in tobacco in MERCOSUR countries: working paper. The Center for Research into the Tobacco Epidemic (CIET Uruguay).*
27. InterAmerican Heart Foundation (2010). *Framework Convention on Tobacco Control: Challenges for Latin America and the Caribbean – A civil society report. InterAmerican Heart Foundation.*
28. World Health Organization. *WHO report on the global tobacco epidemic, 2011: Warning about the dangers of tobacco. Geneva: World Health Organization.*
29. Consumo de cigarrillos de contrabando llega al 25%. (2011, June 8). *El País Digital*. Retrieved June 14, 2012, from <http://www.elpais.com.uy/110806/pnacio-584790/sociedad/consumo-de-cigarrillos-de-contrabando-llega-al-25-/>
30. Ramos, A. *Illegal trade in tobacco in MERCOSUR countries: working paper. The Center for Research into the Tobacco Epidemic (CIET Uruguay).*
31. WHO FCTC Implementation Database. Available at <http://apps.who.int/fctc/reporting/database/>. (accessed 15 May 2012).
32. Blanco-Marquizo, A., Goja, B., Peruga, A., Jones, M.R., Yuan, J., et al. (2010). Reduction of secondhand tobacco smoke in public places following national smoke-free legislation in Uruguay. *Tobacco Control*, 19, 231-234.
33. Thrasher, J.F., Boado, M., Sebríe, E.M., & Bianco, E. (2009). Smoke-free policies and the social acceptability of smoking in Uruguay and Mexico. *Nicotine & Tobacco Research*, 11(6), 591-599.
34. Blanco-Marquizo, A. (2006). *Success stories: Uruguay. Global Smokefree Partnership*. Available at: <http://www.globalsmokefreepartnership.org/pdf>
35. World Health Organization (2008). *WHO Report on the global tobacco epidemic, 2008: The MPOWER package. Geneva: World Health Organization.*

## Education, Communication, and Public Awareness

Under Article 12 of the FCTC, Parties must promote and strengthen public awareness of tobacco control issues through education and public awareness programs on the health risks of tobacco consumption and the benefits of cessation; the Parties must also provide public access to information on the tobacco industry.

In 2003, the Pan-American Health Organization (PAHO) hosted the first smoke-free workshop for Latin America in Uruguay. This workshop was designed to help countries to achieve smoke-free environments by building capacity and training tobacco control advocates and policymakers, and initiated the development of the Smoke-free Uruguay Project.<sup>36, 2</sup>

In 2004, The Fondo Nacional de Recursos launched a cessation campaign entitled “Quit smoking before life quits you” (Deja el cigarrillo antes que la vida te deje a vos). The campaign consisted of posters displayed in Montevideo, brochures distributed in health care institutions, and a television commercial.

In 2005, the Ministerio de Salud Pública launched the “Don’t make me smoke — your air is my air” (No me hagas humo) campaign to increase awareness of the harms of exposure to second-hand smoke. The campaign included messages about tobacco smoke causing serious respiratory illness and sudden infant death in children and infants, and lung cancer and heart disease in adult non-smokers.

Since 2005, the government of Uruguay has made efforts to increase public awareness and communication about the adverse health effects of exposure to second-hand smoke and tobacco use.

In 2006, the National Alliance for Tobacco Control in Uruguay launched a national campaign called “Un Millón de Gracias” or “A Million Thanks” to promote public education and awareness about the importance of smoke-free environments, and to strengthen public support for smoke-free laws. The campaign was launched by President Tabaré Vázquez through a nationwide videoconference one month before the implementation of comprehensive smoke-free legislation in Uruguay. This educational campaign was highly successful – more than one million signatures to thank individuals who refrained from smoking in public places were collected through leaflets, toll-free telephone lines, and a website. In addition, 80% of participants surveyed after the campaign expressed support for the new smoke-free laws.<sup>37, 38, 39, 40</sup>

Figure 2. Un millón de gracias and no me hagas humo campaign images



36. Pan-American Health Organization (2004). *Building support for 100% smoke-free environments in the Americas*. Available at: [http://www.smokefreeamericas.org/pdf/tabaco\\_english.pdf](http://www.smokefreeamericas.org/pdf/tabaco_english.pdf)

37. Thrasher, J.F., Boado, M., Sebrí, E.M., & Bianco, E. (2009). *Smoke-free policies and the social acceptability of smoking in Uruguay and Mexico*. *Nicotine & Tobacco Research*, 11(6), 591-599.

38. Sebrí, E.M., Schoj, V., & Glantz, S.A. (2008). *Smokefree environments in Latin America: On the road to real change?* *Preventive Control*, 3(1), 21-35.

39. Blanco-Marquizo, A. (2006). *Success stories: Uruguay*. *Global Smokefree Partnership*. Available at: <http://www.globalsmokefreepartnership.org/pdf>

40. American Cancer Society (2010). *Lessons learned globally: Secondhand smoke mass media campaigns*. Available at: <http://www.stopsmokingcampaigns.org>

41. *Global Smokefree Partnership (2006). Smokefree success stories: Uruguay*. Available at: <http://www.globalsmokefreepartnership.org/evidence>

The National Alliance for Tobacco Control also launched the “Smoke-free Uruguay” media campaign on World No Tobacco Day in 2006. This campaign was launched three months after the implementation of comprehensive smoke-free legislation, and used a variety of mass and print media channels to introduce a national logo for smoke-free environments.<sup>2, 41</sup>

Since 2006, there have not been any large-scale, sustained, national media campaigns. There have been smaller media messages related to the annual World No Tobacco Day event held on May 31st, but these have not been launched every year in Uruguay. CIET Uruguay (Centro de Investigación para la Epidemia del Tabaquismo - The Tobacco Epidemic Research Center) and the Technological Laboratory of Uruguay (LATU) created an interactive educational exhibition on tobacco control for primary and secondary school youth entitled “Respira Uruguay” or “Breathes Uruguay”. The exhibition was launched by President Dr. Tabaré Vázquez on August 8, 2007 and continues to be updated and displayed in Uruguay and at high profile international tobacco control events, including the 2008 Conference of the Parties (COP3) meeting in South Africa and the 2009 World Conference on Tobacco or Health in India.

## Tobacco Advertising, Promotion, and Sponsorship

Article 13 of the FCTC requires Parties to adopt effective measures against tobacco advertising, promotion, and sponsorship. Guidelines for Article 13 recommend a comprehensive ban on tobacco advertising, promotion, and sponsorship (or apply restrictions that are as comprehensive as possible). Included among the recommended measures are bans on: cross-border advertising, promotion, and sponsorship; display of tobacco products at point of sale; tobacco product vending machines; internet sales; and attractive packaging and product features.

The 2008 Smoking Control Regulations (Law No. 18.256) prohibit most forms of direct and indirect tobacco advertising and promotion. The complete ban on sponsorship includes the prohibition of donations, and sponsorship of national and international events or activities by the tobacco industry. Although the 2008 Regulations require the display of health warnings about the dangers of tobacco use at point of sale locations, tobacco advertising and the display of tobacco products at point of sale are still permitted. The tobacco industry has used that loophole to circumvent the intent of the law, advertising on the exterior of point of sale locations, using brand colours, and also reducing the size of the mandated 50% warnings on the interior displays and using the same brand colour strategy. On May 31, 2012, the Uruguay Ministry of Health presented draft legislation to the Parliament banning advertising at point of sale, including product displays. Tobacco advertising, promotion, and sponsorship ban policies in Uruguay are summarized in Table 1.

**Table 1. Tobacco advertising, promotion, and sponsorship ban policies in Uruguay**

| Description   | Ban in Place |
|---|--------------|
| Point of sale advertising   | No           |
| Tobacco product displays at point of sale                                   | No*          |
| Tobacco industry sponsorship of national/international events or activities | Yes          |
| Donations   | Yes          |
| Offer or supply of tobacco products free of charge                          | Yes          |
| Promotional discounts, gifts or prizes                                      | Yes          |
| Brand stretching  | Yes          |
| Tobacco product vending machines  | Yes          |
| Unpaid tobacco product placement in entertainment media                     | No           |
| Domestic and international internet tobacco product sales                   | No           |
| Foods, candies, toys and objects resembling tobacco products                | Yes          |

\* **Exception:** In businesses where the surface area is larger than 100 square meters, tobacco products may not be placed at the cash register area or on racks, but instead must be placed in some section where they can be conveyed by personnel at the establishment.

**Sources:** The Senate and House of Representatives of the Eastern Republic of Uruguay (2008). Smoking Control Regulations, Law No. 18.256, Article 7.

Pan-American Health Association (2008). PAHO Pan American Tobacco Information Online System (PATIOS). Available at: <http://www.paho.org/tobacco>

Tobacco Control Laws (2012). Tobacco Control Policy Fact Sheet. Uruguay: Advertising, Promotion & Sponsorship. Available at: <http://www.tobaccocontrollaws.org/legislation/factsheet/sf/uruguay>

The 2008 Smoking Control Regulations require health care providers in all public and private health services to include the diagnosis and treatment of tobacco dependence in their primary health care programs and plans.

## Cessation

Article 14 of the FCTC promotes the implementation of programs for smoking cessation, including programs for diagnosing, counselling, preventing, and treating tobacco dependence, as well as facilitating accessible and affordable treatments.

Beginning in 2004, treatment for tobacco dependence was offered by the National Resources Fund (FNR) and was available free of charge in about two-thirds of provinces in Uruguay. In 2005, more than 100 new tobacco dependence treatment programs operated by personnel trained by the FNR were established. As of 2012, despite the fact that FNR continues to offer cessation drugs for free, not all smokers who are trying to quit can easily access them. Under the 2008 Smoking Control Regulations (Law No. 18.256), tobacco dependence treatment was integrated into the National health care system, and is now managed by the Ministry of Health with support from the FNR. It is estimated that 67% of the population in Uruguay could have access to tobacco dependence treatment. The 2008 Smoking Control Regulations require health care providers in all public and private health services to include the diagnosis and treatment of tobacco dependence in their primary health care programs and plans. The 2008 Regulations also mandate that health care providers follow evidence-based national guidelines for the delivery of cessation treatment services.<sup>42, 43</sup> The Regulations require health care institutions to train health care providers and treat smoking at the primary care level. Health care institutions may sign an agreement with FNR to receive medications free of charge for their customers.

Pharmacotherapies, including nicotine replacement therapy (NRT; over the counter), bupropion (by prescription only), and varenicline (by prescription only) are available at community pharmacies. NRT in the form of nicotine gum and patches, and bupropion are included in the Ministry of Health formulary, and are thus fully subsidized by the government. There is currently no coverage for varenicline by National or Federal health insurance or the National Health Service.

Toll-free telephone quitline services have not been available nationally until recently.<sup>44</sup>

42. Raw, M., McNeill, A., & Murray, R. (2010). Case studies of tobacco dependence treatment in Brazil, England, India, South Africa and Uruguay. *Addiction*, 105, 1721-1728.

43. Müller, F., & Wehbe, L. (2008). Smoking and smoking cessation in Latin America: A review of the current situation and available treatments. *International Journal of COPD*, 3(2), 285-293.

44. World Health Organization (2011). WHO report on the global tobacco epidemic, 2011. Available at: [http://www.who.int/tobacco/surveillance/policy/country\\_profile/ury.pdf](http://www.who.int/tobacco/surveillance/policy/country_profile/ury.pdf)

45. Fong, G.T., Cummings, K.M., Borland, R., Hastings, G., Hyland, A., Giovino, G.A., et al. (2006). The Conceptual Framework of the International Tobacco Control (ITC) Policy Evaluation Project. *Tobacco Control* 15 (Suppl III):iii3-iii11.

46. Thompson, M.E., Fong, G.T., Hammond, D., Boudreau, C., Driezen, P., Hyland, A. et al., (2006). Methods of the International Tobacco Control (ITC) Four Country Survey. *Tobacco Control* 15 (Suppl III):iii12-iii-18.

# METHODS

## OVERVIEW

The International Tobacco Control Policy Evaluation Project (the ITC Project) is an international research collaboration across 23 countries – Canada, United States, United Kingdom, Australia, Ireland, Thailand, Malaysia, South Korea, China, Mexico, Uruguay, New Zealand, France, Germany, the Netherlands, Bhutan, Mauritius, Brazil, India, Bangladesh, Kenya, Nigeria, and Zambia. The primary objective of the ITC Project is to conduct rigorous evaluation of the psychosocial and behavioural effects of national level tobacco control policies of the Framework Convention on Tobacco Control (FCTC). The ITC Project is conducting large-scale annual prospective cohort surveys of tobacco use to evaluate FCTC policies in countries inhabited by over half of the world's smokers. Each ITC Survey includes key measures for each FCTC policy domain that are identical or functionally similar across the 23 countries to facilitate cross-country comparisons. The evaluation studies conducted from the ITC Surveys take advantage of natural experiments created when an ITC country implements a policy: changes in policy-relevant variables in that country from pre- to post-policy survey waves are compared to other ITC countries where that policy has not changed. This research design provides high levels of internal validity, allowing more confident judgments regarding the possible causal impact of the policy. For description of the conceptual model and objectives of the ITC Project, see Fong et al. (2006)<sup>45</sup>; for description of the survey methods, see Thompson et al. (2006).<sup>46</sup>

The International Tobacco Control Policy Evaluation Project in Uruguay (the ITC Uruguay Project) was created in 2006 to rigorously evaluate the psychosocial and behavioural effects of tobacco control legislation in Uruguay using methods that the ITC Project has employed in many other countries throughout the world. The project objective is to provide an evidence base to guide policies enacted under the FCTC and to systematically evaluate the effectiveness of these legislative efforts.

### The ITC Uruguay Survey: Waves 1, 2, and 3

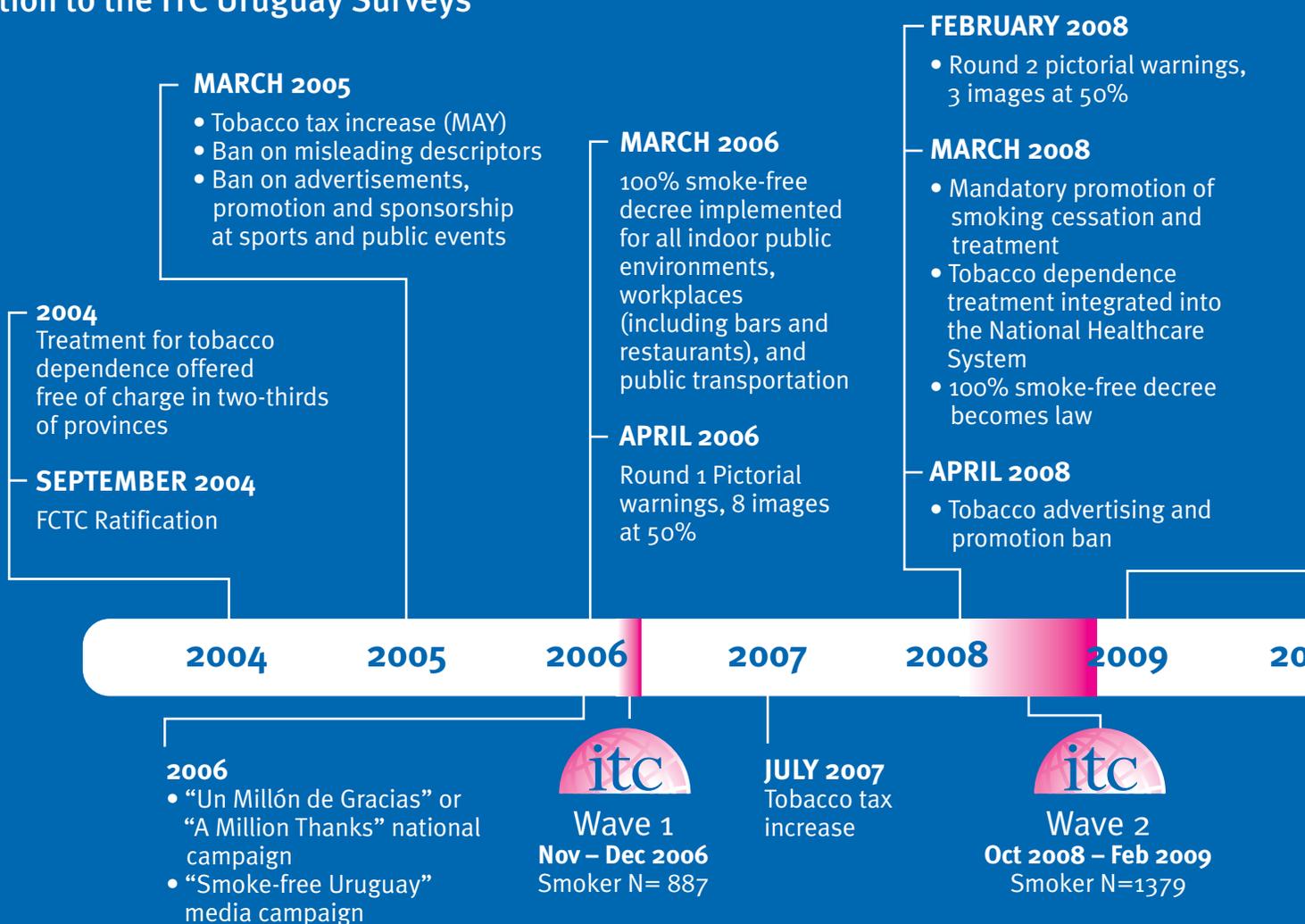
In 2006, the Department of Sociology (Departamento de Sociología) in the Facultad de Ciencias Sociales of the Universidad de la República de Uruguay, the Sindicato Médico del Uruguay and Instituto Nacional de Salud Pública de Mexico-University of South Carolina partnered with the University of Waterloo in Canada to create the ITC Uruguay Survey. The ITC Uruguay Survey has three evaluation objectives:

1. To examine patterns of behaviour and opinions associated with the use of tobacco by adults in Uruguay.
2. To examine the impact of tobacco control policies that have already been implemented, and that will be implemented in Uruguay.
3. To compare the behaviour of smokers and the impact of policies between Uruguay and other countries that have adopted comparable legislation.

The Wave 1 Survey was conducted in Montevideo between November and December 2006, approximately 8-9 months after the smoke-free law and Round 1 pictorial warnings were implemented in Uruguay. Four cities — Salto, Maldonado, Durazno, and Rivera — were added to the sample of respondents in Waves 2 and 3. The Wave 2 Survey was conducted between October 2008 and February 2009, approximately 5 months after implementation of a ban on tobacco advertising, promotion, and sponsorship and 7 months after implementation of the Round 2 pictorial warnings. The Wave 3 Survey was conducted between October 2010 and January 2011. Between the time of the Wave 2 and Wave 3 Surveys, Uruguay had implemented 1) Round 3 and 4 pictorial warnings, increasing the size of the warnings from 50% of the front and back of the pack at Round 3 to 80% at Round 4; 2) two tobacco tax increases; and 3) a ban on more than one variety of tobacco product per brand. Figure 3 illustrates the timeline of the ITC Uruguay Wave 1 to 3 Surveys in relation to the implementation of tobacco control policies and related initiatives.



**Figure 3. Uruguay tobacco policy timeline in relation to the ITC Uruguay Surveys**



## Sampling Design

The ITC Uruguay Survey is a prospective longitudinal study of adult (18 years of age or older) smokers and former smokers. For the Wave 1 Survey, a probability sample of households was constructed in Montevideo using the 2004 Census Frame from the National Institute of Statistics of Uruguay. The Wave 2 Survey expanded the study to include the inland cities of Durazno, Maldonado, Rivera, and Salto (see Figure 4 for a map of survey locations). The introduction of these inland cities to the study provided diversity of urban representation to the sample.

The sampling scheme for obtaining respondents in the Wave 1 Survey was a stratified multi-stage design, with strata corresponding to the census tracts (sections) within Montevideo. At the first stage of sampling, 159 segments were selected by stratified random sampling from the 25 sections, with allocation proportional to section population size. At the second stage, between 1 and 6 urban blocks were randomly selected within each segment. Within each selected block, 6 dwellings were selected at random and enumerated, and the sample of dwellings was extended when necessary to recruit 6 smokers to be interviewed. Interviews were conducted individually with up to 2 participants in each household, 1 male and 1 female smoker.



Figure 4. ITC Uruguay Waves 1 to 3 sampling areas



The study sample in Waves 2 and 3 included cohort participants from the previous wave, as well as newly recruited respondents in Montevideo (the replenishment samples) replacing respondents who were lost to recontact. The households of these new participants were selected using a sampling scheme extending the design developed for Wave 1. Because the study expanded into inland cities for the first time in Wave 2, participants from those sampling areas in Wave 2 were all new respondents.

The Wave 1 Survey was conducted among 887 smokers in Montevideo. The Wave 2 Survey sample was comprised of 585 cohort and 392 replenishment

respondents in Montevideo, representing a participant retention rate of 66.0% and a corresponding 34.0% attrition rate. Also at Wave 2, 402 participants were newly recruited from the four inland cities, comprising 29.2% of the sample. Wave 3 included 971 cohort and 440 replenishment respondents. The retention rate was 70.4% and the corresponding attrition rate was 29.6%. Respondents from inland cities made up 28.6% of the sample in Wave 3. This most recent wave of the survey resulted in a total sample of 1411 adult smokers and former smokers. Further information on the methods of the ITC Uruguay Surveys can be found in the ITC Uruguay Technical Reports available at [www.itcproject.org](http://www.itcproject.org).<sup>47, 48</sup>

## Characteristics of the Wave 1 to 3 Sample

ITC Uruguay Surveys were conducted by CIET Uruguay — the Tobacco Epidemic Research Center. Smokers were defined as having smoked more than 100 cigarettes in their lifetime and at least one cigarette in the past week. Table 2 provides sample sizes of respondents interviewed in Montevideo and the 4 inland cities at each wave. Tables 3 to 5 provide the demographic characteristics of the survey participants at each wave.

**Table 2. Total unique respondents interviewed in Montevideo and inland cities, by wave**

| Respondent Type     | Montevideo |        |       | Inland Cities |        |       | Total |        |       |
|---------------------|------------|--------|-------|---------------|--------|-------|-------|--------|-------|
|                     | Male       | Female | Total | Male          | Female | Total | Male  | Female | Total |
| <b>Wave 1</b>       |            |        |       |               |        |       |       |        |       |
| Recruited at Wave 1 | 416        | 471    | 887   | -             | -      | -     | 416   | 471    | 887   |
| <b>Wave 2</b>       |            |        |       |               |        |       |       |        |       |
| Recruited at Wave 1 | 271        | 314    | 585   | -             | -      | -     | 271   | 314    | 585   |
| Recruited at Wave 2 | 183        | 209    | 392   | 224           | 178    | 402   | 407   | 387    | 794   |
| Total               | 454        | 523    | 977   | 224           | 178    | 402   | 678   | 701    | 1379  |
| <b>Wave 3</b>       |            |        |       |               |        |       |       |        |       |
| Recruited at Wave 1 | 196        | 230    | 426   | -             | -      | -     | 196   | 230    | 426   |
| Recruited at Wave 2 | 119        | 135    | 254   | 162           | 129    | 291   | 281   | 264    | 545   |
| Recruited at Wave 3 | 159        | 168    | 327   | 56            | 57     | 113   | 215   | 225    | 440   |
| Total               | 474        | 533    | 1007  | 218           | 186    | 404   | 692   | 719    | 1411  |

47. ITC Project (2007). ITC Uruguay Wave 1 Technical Report. Available at: <http://www.itcproject.org/countries/uruguay>

48. ITC Project (2012). ITC Uruguay Wave 2 and Wave 3 Technical Report. Available at: <http://www.itcproject.org/countries/uruguay>

*In order to maintain a sufficient sample size, new respondents were recruited at Waves 2 and 3 to replace the Wave 1 and Wave 2 respondents that were not successfully interviewed. The Wave 3 Survey sample consisted of 1411 adult smokers and former smokers, including 971 cohort and 440 replenishment respondents.*

**Table 3. Demographic characteristics of the ITC Uruguay Wave 1 sample**

|                                       | <b>Freq.</b> | <b>%</b> |
|---------------------------------------|--------------|----------|
| <b>Gender</b>                         |              |          |
| Male                                  | 416          | 46.90    |
| Female                                | 471          | 53.10    |
| <b>Age</b>                            |              |          |
| 18-24                                 | 205          | 23.11    |
| 25-39                                 | 283          | 31.91    |
| 40-54                                 | 266          | 29.99    |
| 55+                                   | 133          | 14.99    |
| <b>Smoking status</b>                 |              |          |
| Daily smoker                          | 841          | 94.81    |
| Non-daily smoker                      | 46           | 5.19     |
| <b>Marital status</b>                 |              |          |
| Married                               | 331          | 37.57    |
| Separated                             | 30           | 3.41     |
| Divorced                              | 65           | 7.38     |
| Widowed                               | 39           | 4.43     |
| Domestic partnership                  | 135          | 15.32    |
| Single                                | 281          | 31.90    |
| <b>Highest level of education</b>     |              |          |
| Low                                   | 477          | 53.84    |
| Moderate                              | 248          | 27.99    |
| High                                  | 161          | 18.17    |
| <b>Monthly household income (UYU)</b> |              |          |
| Low ( $\leq$ \$7,000)                 | 336          | 37.88    |
| Moderate (\$7,001 – 30,000)           | 439          | 49.49    |
| High ( $>$ \$30,000)                  | 55           | 6.20     |
| Not Stated                            | 57           | 6.43     |

The ITC Uruguay Wave 1 Survey was conducted among smokers from a probability sample of households in Montevideo. The Wave 2 Survey expanded the study to include Durazno, Maldonado, Rivera, and Salto to provide diversity of urban representation to the sample.

**Table 4. Demographic characteristics of the ITC Uruguay Wave 2 sample**

|                                       | <b>Montevideo</b> |       | <b>Inland Cities</b> |       |
|---------------------------------------|-------------------|-------|----------------------|-------|
| Characteristic                        | Freq.             | %     | Freq.                | %     |
| <b>Gender</b>                         |                   |       |                      |       |
| Male                                  | 454               | 46.47 | 224                  | 55.72 |
| Female                                | 523               | 53.53 | 178                  | 44.28 |
| <b>Age</b>                            |                   |       |                      |       |
| 18 – 24                               | 191               | 19.55 | 73                   | 18.16 |
| 25 – 39                               | 309               | 31.63 | 139                  | 34.58 |
| 40 – 54                               | 294               | 30.09 | 116                  | 28.86 |
| 55+                                   | 183               | 18.73 | 74                   | 18.41 |
| <b>Smoking status</b>                 |                   |       |                      |       |
| Daily smoker                          | 811               | 83.01 | 368                  | 91.54 |
| Non-daily smoker                      | 81                | 8.29  | 34                   | 8.46  |
| Quitter                               | 85                | 8.70  | -                    | -     |
| <b>Marital status</b>                 |                   |       |                      |       |
| Married                               | 370               | 37.87 | 162                  | 40.30 |
| Separated                             | 36                | 3.68  | 15                   | 3.73  |
| Divorced                              | 86                | 8.80  | 27                   | 6.72  |
| Widowed                               | 45                | 4.61  | 13                   | 3.23  |
| Domestic partnership                  | 161               | 16.48 | 80                   | 19.90 |
| Single                                | 279               | 28.56 | 105                  | 26.12 |
| <b>Highest level of education</b>     |                   |       |                      |       |
| Low                                   | 549               | 56.31 | 289                  | 71.89 |
| Moderate                              | 235               | 24.10 | 70                   | 17.41 |
| High                                  | 191               | 19.59 | 43                   | 10.70 |
| <b>Monthly household income (UYU)</b> |                   |       |                      |       |
| Low ( $\leq$ \$7,000)                 | 313               | 32.04 | 198                  | 49.25 |
| Moderate (\$7,001 – 30,000)           | 467               | 47.80 | 166                  | 41.29 |
| High ( $>$ \$30,000)                  | 104               | 10.64 | 14                   | 3.48  |
| Not stated                            | 93                | 9.52  | 24                   | 5.97  |

**Table 5. Demographic characteristics of the ITC Uruguay Wave 3 sample**

| Characteristic                        | Montevideo |       | Inland Cities |       |
|---------------------------------------|------------|-------|---------------|-------|
|                                       | Freq.      | %     | Freq.         | %     |
| <b>Gender</b>                         |            |       |               |       |
| Male                                  | 474        | 47.07 | 218           | 53.96 |
| Female                                | 533        | 52.93 | 186           | 46.04 |
| <b>Age</b>                            |            |       |               |       |
| 18 – 24                               | 166        | 16.48 | 68            | 16.83 |
| 25 – 39                               | 340        | 33.76 | 130           | 32.18 |
| 40 – 54                               | 305        | 30.29 | 129           | 31.93 |
| 55+                                   | 196        | 19.46 | 77            | 19.06 |
| <b>Smoking status</b>                 |            |       |               |       |
| Daily smoker                          | 798        | 79.25 | 312           | 77.81 |
| Weekly smoker                         | 78         | 7.75  | 36            | 8.98  |
| Quitter                               | 131        | 13.01 | 56            | 13.86 |
| <b>Marital status</b>                 |            |       |               |       |
| Married                               | 371        | 36.84 | 157           | 38.86 |
| Separated                             | 44         | 4.37  | 23            | 5.69  |
| Divorced                              | 106        | 10.53 | 43            | 10.64 |
| Widowed                               | 42         | 4.17  | 12            | 2.97  |
| Domestic partnership                  | 180        | 17.87 | 87            | 21.53 |
| Single                                | 264        | 26.22 | 82            | 20.30 |
| <b>Highest level of education</b>     |            |       |               |       |
| Low                                   | 534        | 53.03 | 243           | 60.15 |
| Moderate                              | 248        | 24.63 | 114           | 28.22 |
| High                                  | 225        | 22.34 | 47            | 11.63 |
| <b>Monthly household income (UYU)</b> |            |       |               |       |
| Low ( $\leq$ \$7,000)                 | 174        | 17.28 | 120           | 29.70 |
| Moderate (\$7,001 – 30,000)           | 536        | 53.23 | 192           | 47.52 |
| High ( $>$ \$30,000)                  | 195        | 19.36 | 39            | 9.65  |
| Not stated                            | 102        | 10.13 | 53            | 13.12 |

## Content of the ITC Uruguay Survey

The ITC Uruguay Survey was developed by project team members from Uruguay, Mexico, and the University of Waterloo, Ontario, Canada. Most of the survey methods and survey questions were adapted from standardized protocols and surveys used in 19 other ITC countries around the world. In the ITC Uruguay Survey, each respondent who was categorized as a smoker or quitter was asked to respond to the following types of questions:

### Smokers responded to questions on:

1. **Smoking- and cessation-relevant questions.** Smoking history and frequency, as well as current smoking behaviour and dependence, and quitting behaviours;
2. **Knowledge and basic beliefs about smoking.** Knowledge of the health effects of smoking and important beliefs relevant to smoking and quitting, perceived risk, and perceived severity of tobacco-related diseases;
3. **Policy-relevant questions.** Awareness of, impact of, and beliefs relevant for each of the FCTC demand reduction policy domains (warning labels, taxation/price, advertising/promotion, smoke-free policies, light/mild descriptors);
4. **Other important psychosocial predictors** of smoking behaviour and potential moderator variables (e.g., normative beliefs, self-efficacy, intentions to quit);
5. **Individual difference variables** relevant to smoking (e.g., depression, stress, time perspective);
6. **Demographics** (e.g., age, gender, marital status, income, education).

The protocol and questionnaire of the ITC Uruguay Survey were based on those of the ITC Mexico Survey, which served as a template for the Wave 1 Survey. Three versions of the survey were developed for Waves 2 and 3: the recontact smoker survey, the recontact quitter survey, and the replenishment smoker survey. The surveys were revised using both the original English and the Mexican Spanish translation to create surveys using Uruguayan Spanish. The translated surveys were then reviewed by team members who were bilingual in English and Spanish, including those with knowledge of Uruguayan linguistic nuances. This bilingual committee resolved discrepancies and checked nuances by discussion. This committee method of translation is known to be generally superior to traditional double translation methods and is being employed throughout the ITC countries in the development of ITC surveys. The ITC Uruguay Survey questionnaires are available at <http://www.itcproject.org/countries/uruguay>

49. Bailar, B. (1975). *The effects of rotation group bias on estimates from panel surveys.* *Journal of the American Statistical Association*, 70, 23–30.

50. Ghangurde, P. D. (1982). *Rotation group bias in the LFS estimates.* *Survey Methodology* 8, 86–101.

51. Wilson, S.E., & Howell, B.L. (2005). *Do panel surveys make people sick? U.S. arthritis trends in the Health and Retirement Study.* *Social Science and Medicine*, 60, 2623–2627.

52. Thompson, M.E., Boudreau, C., & Driezen, P. (2005). *Incorporating time-in-sample in longitudinal survey models.* *Proceedings of Statistics Canada Symposium 2005: Methodological Challenges for Future Information Needs. Session 12: Challenges in Using Data from Longitudinal Surveys.* *Statistics Canada International Symposium Series - Proceedings.* *Statistics Canada.* Catalogue no. 11-522-XIE.

# Analytic Approach

This report presents findings from the first 3 waves of the ITC Uruguay Survey (2006-11). The focus of the report is to inform tobacco control policy development by evaluating the effectiveness of policies as they are implemented in Uruguay over time. Comparisons with other ITC countries are drawn for bans on smoking in the home, concern about money spent on cigarettes, affordability of cigarettes, and other variables. This section describes the analytic approach used in this report, including methods used to control for time-in-sample effects and the covariates used in the survey logistic model.

## Time-in-Sample Effects

The longitudinal nature of the ITC Uruguay Survey allows for the measurement of behavioural responses to tobacco control policies among smokers in Uruguay before and after a new policy is introduced. During the 5 years that the first 3 waves of the ITC Uruguay Survey were conducted, respondents were lost to attrition, as they are in any longitudinal cohort study. In order to maintain a sufficient sample size, new respondents were recruited at Waves 2 and 3 to replace the Wave 1 and Wave 2 respondents that were not successfully interviewed. Therefore, at Wave 2 and Wave 3, the total set of respondents consists of individuals with different levels of prior participation in the ITC Survey. For example, the Wave 3 sample of respondents consists of 426 smokers and quitters who have participated in all 3 survey waves, 545 smokers and quitters who have participated in 2 survey waves (Wave 2 and Wave 3), and 440 smokers who have participated in 1 survey wave (those who were newly recruited in Wave 3). The composition of the sample is important because responses to survey questions have been shown to vary systematically as a function of the number of times that a respondent has completed the ITC Survey. Newly recruited respondents may vary in their responses compared to those with one prior wave, who may vary from those with two prior waves, and so on. These documented effects are known as “time-in-sample” (TIS) effects<sup>49, 50, 51</sup> and have been found in the ITC Surveys in other countries as well.<sup>52</sup> The analytic methods described next provide adjustments for time-in-sample and some other potentially confounding effects.

## Analytic Methods

In order to assess changes in any of the many variables measured in the ITC Uruguay Survey over time, data from all 3 waves of the ITC Uruguay Survey are used to estimate the longitudinal trends in a measure of interest, unless otherwise stated. Quitters are only included in the analysis where the measure of interest is especially relevant for quitters. The analytical data

set for smokers in Waves 1 to 3 has a total of 3405 observations, from 2121 unique respondents. Among these 3405 observations, 887 are from Wave 1 smokers, 1294 are from Wave 2 smokers, and 1224 are from Wave 3 smokers.

If the same questions are asked across waves and an outcome of interest is categorical then a complex survey logistic regression approach is used to generate standardized or adjusted values of the descriptive statistics (proportions) over time, where feasible. Variables like sex, age group, city group, smoking status, wave and time-in-sample (the number of times a respondent has participated in the survey, a time-varying quantity over time) can be included in the model as covariates, and the measure of interest is used as the response variable. Strata and cluster information as well as survey weights are also taken into account. Based on the logistic model generated, the time-specific least squares means of the response variable can be calculated using the parameter estimates from the regression model, assuming the overall distributions of the covariates in the data combined across all waves. This approach is called a logistic regression adjustment for descriptive statistics. Similarly, if the measure of interest is continuous, a complex survey regression model is used for adjustment. It should be noted that the resulting predicted means (percentages) depend on the set of covariates chosen for the model. In this report, covariates such as sex, age group, city group (Montevideo vs. 4 inland cities), smoking status (daily smokers vs. non-daily smokers), wave and time-in-sample are used for adjustment except where indicated. Since time-in-sample has the largest impact on adjustments, the estimates are referred to as “adjusted for time-in-sample”. SAS 9.2 is used to calculate both adjusted and unadjusted means.

In cross-country comparisons, since the country samples vary in their composition, the same kind of adjustment is applied. Multi-country comparisons control for differences in age, smoking status, and time-in-sample.

# FINDINGS

## SMOKING AND QUITTING BEHAVIOUR

The ITC Uruguay Survey (Waves 1 to 3, 2006-11) provides an assessment of tobacco use, quitting behaviours, and beliefs and attitudes towards smoking, including perceived societal norms about smoking. The Survey also measures smokers' awareness and use of cessation assistance.

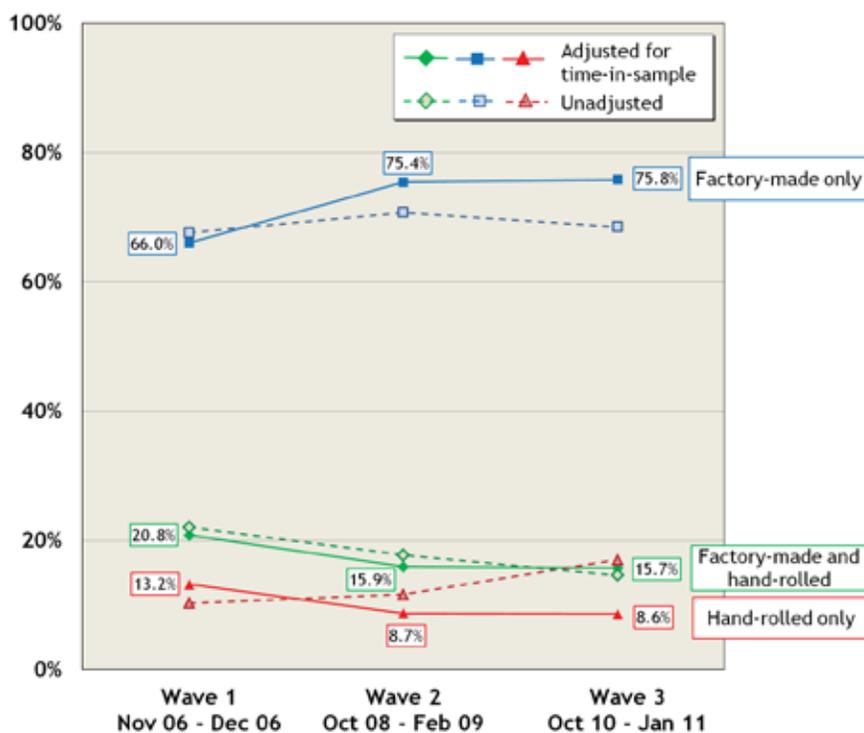
### Cigarette Consumption

Nearly all smokers (95% of 887 smokers at Wave 1; 91% of 1294 smokers at Wave 2; 90% of 1224 smokers at Wave 3) reported that they were daily cigarette smokers. Among daily smokers, the average number of cigarettes smoked was less than one pack a day (an average of 16 cigarettes per day).

### Use of Factory-made vs. Hand-rolled Cigarettes

The majority of cigarette smokers in Uruguay smoke factory-made cigarettes only (see Figure 5). At Waves 2 and 3, approximately three-quarters of smokers reported that they smoked factory-made cigarettes exclusively (75% at Wave 2; 76% at Wave 3). This is an increase from Wave 1, when two-thirds (66%) of smokers reported that they smoked factory-made cigarettes only. At Wave 3, approximately one-quarter (24%) of smokers reported that they smoked either hand-rolled cigarettes only or both hand-rolled and factory-made cigarettes.

Figure 5. Percentage of smokers who smoke only factory-made, hand-rolled, or both types of cigarettes, by wave



At Waves 2 and 3, Uruguayans who smoked mainly hand-rolled cigarettes or smoked both hand-rolled and factory-made cigarettes gave reasons why they smoked hand-rolled cigarettes. The majority of hand-rolled cigarette smokers reported that they preferred this form of cigarette because they are cheaper (68% at Wave 2; 62% at Wave 3) (see Figure 6). Less than one-quarter of smokers preferred hand-rolled cigarettes because of the flavour (14% at Wave 2; 23% at Wave 3), or because they are perceived as being less harmful than factory-made cigarettes (19% at Wave 2; 15% at Wave 3).

## Personal Opinions and Perceived Norms about Smoking

The majority of smokers express regret for taking up smoking. Across all three waves, a substantial proportion of smokers (65% at Wave 1; 63% at Wave 2; 72% at Wave 3) “strongly agreed” or “agreed” that if they started over again, they would not smoke.

There has been an overall increase in the percentage of smokers who have a “very bad” or “bad” overall opinion of smoking from less than half (45%) of smokers at Wave 1 to 59% at Wave 3 (see Figure 7).

There have been no dramatic changes in smokers’ perceptions of whether society disapproves of smoking between Wave 1 to Wave 3. At all three waves, just over half of smokers (59% at Wave 1; 52% at Wave 2; 57% at Wave 3) “strongly agreed” or “agreed” that Uruguayan society disapproves of smoking.

Figure 6. Reasons for smoking hand-rolled cigarettes among smokers who smoke the same or a greater amount of hand-rolled versus factory-made cigarettes, by wave

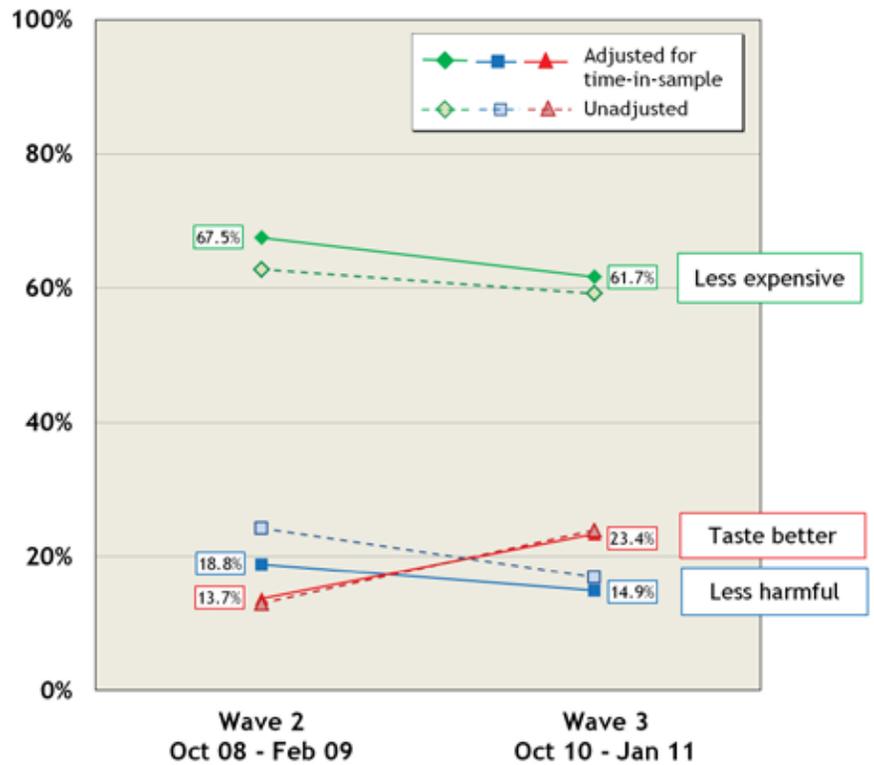
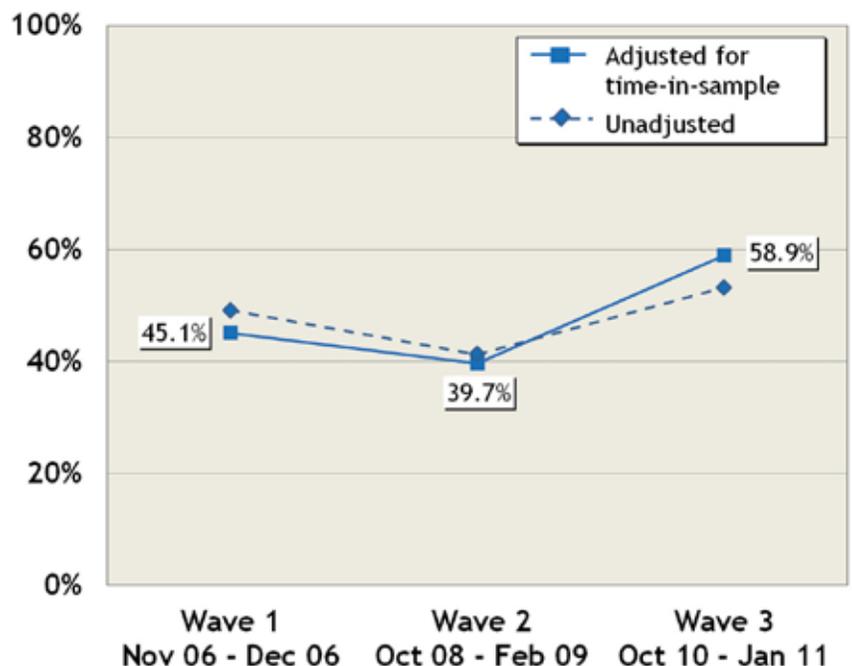


Figure 7. Percentage of smokers whose overall opinion of smoking is “bad” or “very bad”, by wave

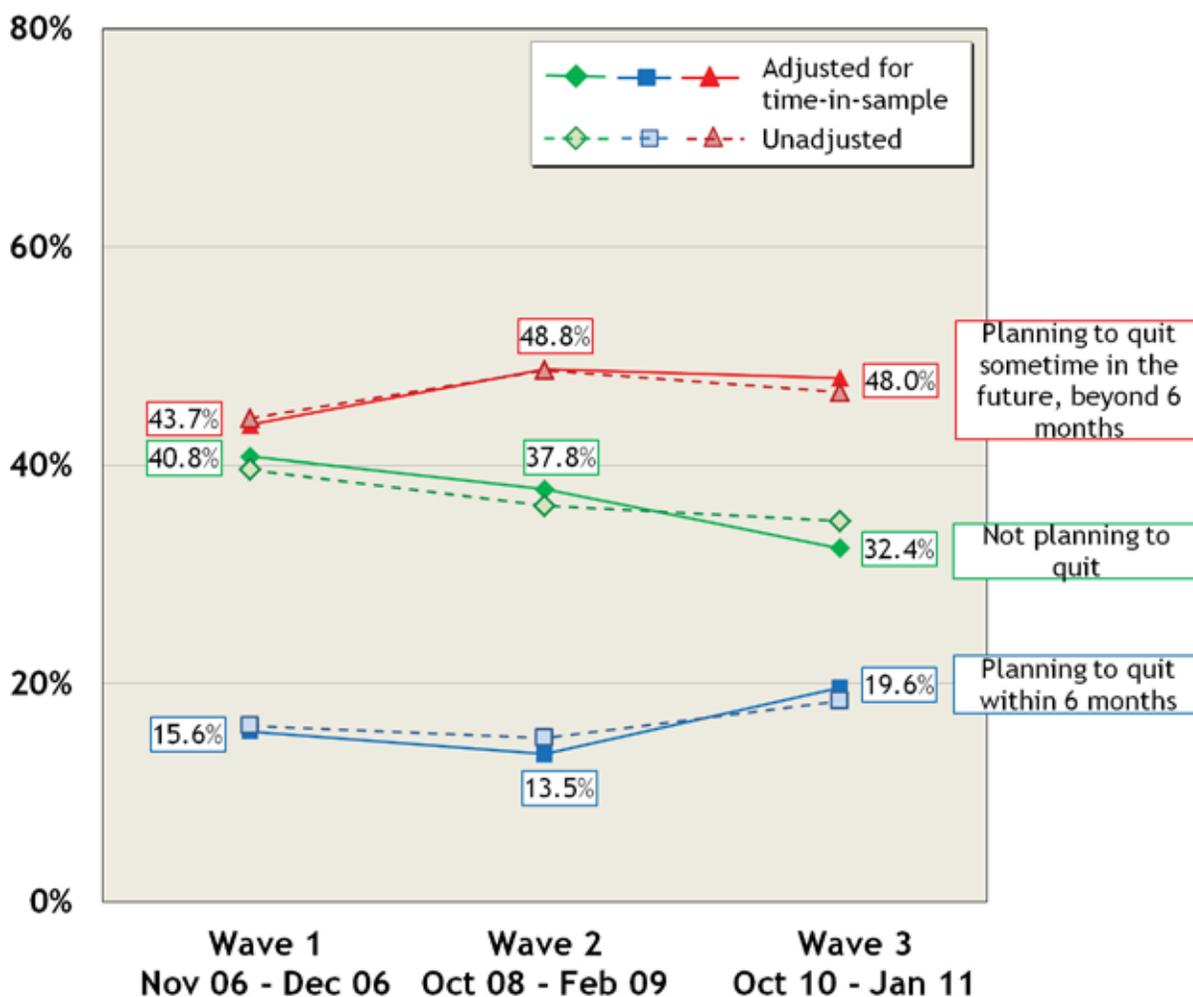


## Quit Attempts and Quit Intentions

The majority of smokers (65% of 887 smokers at Wave 1; 65% of 792 smokers at Wave 2; 71% of 440 smokers at Wave 3) reported that they have tried to quit smoking at some point in time. This rate is slightly higher than in Mexico, New Zealand, and China where approximately 60% of smokers have ever tried to quit, but lower than most other ITC countries where more than 80% of smokers have ever tried to quit.

Overall, the majority of smokers are not planning to quit smoking in the near future (see Figure 8). Nearly half of smokers across all three waves (44% of 777 smokers at Wave 1; 49% of 1196 smokers at Wave 2; 48% of 1115 smokers at Wave 3) reported that they had plans to quit “sometime in the future beyond 6 months”. Moreover, at least one-third of smokers (41% of 777 smokers at Wave 1; 38% of 1196 smokers at Wave 2; 32% of 1115 smokers at Wave 3) reported that they had no plans to quit at all. Less than 20% of smokers across all three waves (16% of 777 smokers at Wave 1; 14% of 1196 smokers at Wave 2; 20% of 1115 smokers at Wave 3) were planning to quit in the next 6 months.<sup>53</sup>

Figure 8. Percentage of smokers who are planning to quit, by wave



53. Borland, R., Li, L., Driezen, P., Wilson, N., Hammond, D., Thompson, M.E. et al. (2012). Cessation assistance reported by smokers in 15 countries participating in the International Tobacco Control (ITC) policy evaluation surveys. *Addiction* 107(1), 197-205.

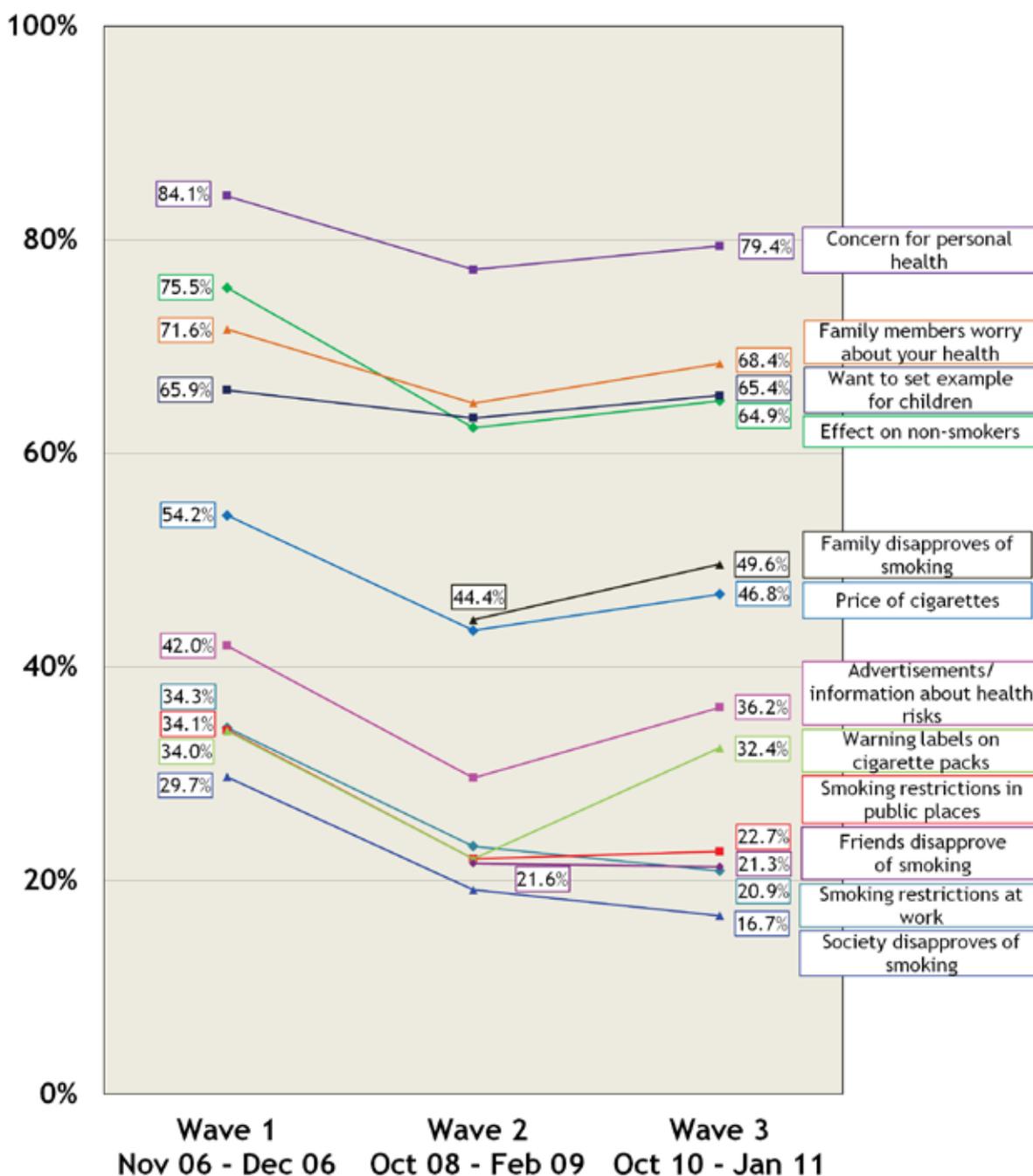
# Reasons to Quit Smoking

The ITC Uruguay Wave 1 to Wave 3 Surveys (2006-11) asked smokers to report on the reasons that led them to think about quitting smoking in the last 6 months.

At Wave 3, the following were cited as common reasons for thinking about quitting (see Figure 9):

1. Concern for personal health (79%)
2. Family members worry about their health (68%)
3. Wanting to set an example for children (65%)
4. Concern about effects of smoke on non-smokers (65%)
5. Family disapproval of smoking (50%)
6. Price of cigarettes (47%)
7. Advertising or information about the health risks of smoking (36%)
8. Warning labels on cigarette packs (32%)

Figure 9. Percentage of smokers who thought about various reasons to quit “somewhat” or “very much” in the last 6 months, by wave



The most significant increases in reasons for quitting between Wave 2 and Wave 3 were warning labels on cigarette packs and advertising and information about the health risks of smoking. These increases coincide with the switch from the symbolic, moderate images on the pack warnings (Rounds 1 and 2) to the larger and more intense images of severe health effects (Rounds 3 and 4).

Between Waves 1 to 3, smokers' concern for their health and family concern for their health consistently remained the most common reasons to think about quitting for more than two-thirds of smokers. Concern about the effects of smoking on non-smokers and wanting to set an example for children were also prominent reasons to quit during this time.

The most significant increases in reasons for quitting between Wave 2 and Wave 3 were warning labels on cigarette packs and advertising and information about the health risks. These increases coincide with the switch from the symbolic, moderate images on the pack warnings (Rounds 1 and 2) to the larger and more intense images of severe health effects (Rounds 3 and 4).

In contrast, the percentage of smokers citing smoke-free policies in public places and at workplaces as reasons to quit has remained consistently low and further decreased during this period of time. At Wave 1, one-third of smokers (34%) cited smoking restrictions in restaurants and cafés and workplaces as reasons to quit. This percentage decreased to 23% and 21% at Waves 2 and 3, respectively. Disapproval of friends and society were also infrequently reported reasons for quitting across the three waves. Disapproval of friends was a reason to quit for only 21% of smokers at Waves 2 and Wave 3, and societal disapproval decreased from 30% of smokers at Wave 1 to 17% of smokers at Wave 3.

Taken together, these findings suggest that smoking is still normative in Uruguay, and that smoke-free legislation has become less influential in terms of encouraging smokers to contemplate quitting over time. This is not unexpected given that smoke-free laws had been in place in Uruguay for more than 6 years at the time of the Wave 3 Survey.

## Awareness and Use of Cessation Services

At Wave 3, 75% of 887 smokers had visited a doctor, nurse, or other health professional in the last year. Of these smokers, 49% received advice to quit smoking, 22% received pamphlets or brochures on how to quit, and 14% received a referral to another cessation service.<sup>54</sup> ITC comparisons show that this rate of receiving advice to quit from a physician or health professional is higher than in the Netherlands where approximately 20% of those visiting a health professional report obtaining advice to quit. However, in other countries, including the United States, Thailand, and Malaysia, more than two-thirds of smokers who visit a doctor or health professional report receiving advice.<sup>55</sup>

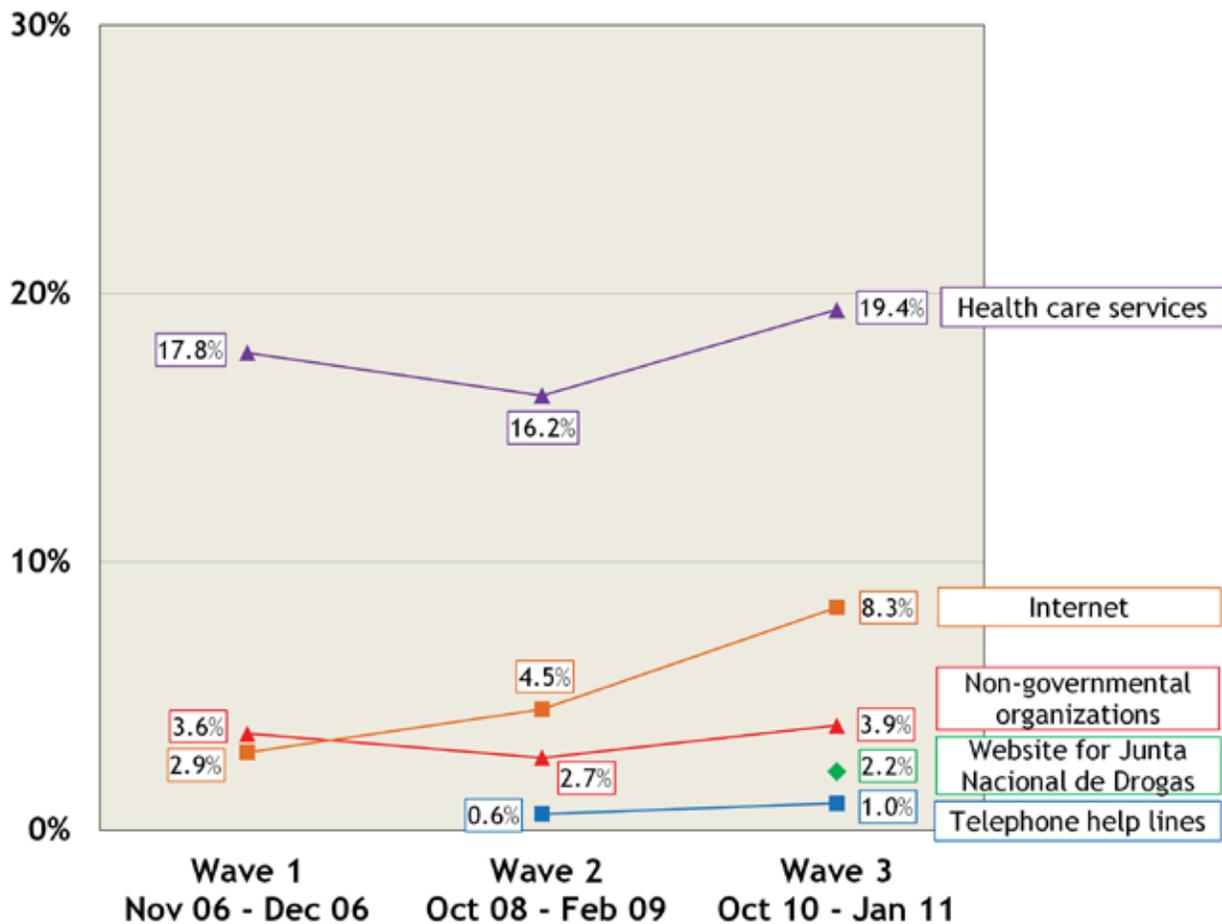
54. Note that respondents could report receiving more than one intervention.

55. Borland, R., Li, L., Driezen, P., Wilson, N., Hammond, D., Thompson, M.E. et al. (2012). Cessation assistance reported by smokers in 15 countries participating in the International Tobacco Control (ITC) policy evaluation surveys. *Addiction* 107(1),197-205.

The majority of smokers (87% at Wave 1; 89% at Wave 2; 93% at Wave 3) reported that they had heard of stop-smoking medications including nicotine gum or patches, and Bupropion. Although a small minority of smokers (7%) reported the use of such stop-smoking medications at Wave 1, this percentage increased to 17% at Wave 3.

Smokers were asked whether they received information about quitting smoking from various sources in the last 6 months. At Wave 3, health care services such as hospitals, walk-in clinics, or specialists were the most frequent source of information (19% of smokers), followed by the internet (8%), non-governmental organizations (NGOs) (4%), and the Junta Nacional de Drogas (National Drug Board) website (2%) (see Figure 10).

**Figure 10. Percentage of smokers who received information about quitting from various sources, by wave**



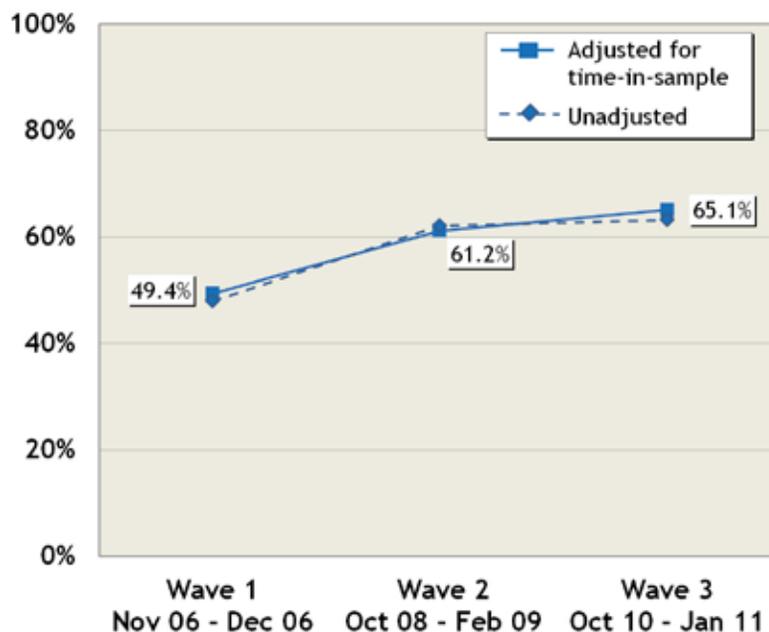
Quitline services in Uruguay have only become available recently (after Wave 3). Thus, it is not surprising that only 1% of smokers reported that they received information about quitting smoking from telephone quitlines at Wave 3. In fact, in other ITC countries the highest use of quitlines is 12% of smokers in New Zealand. In 8 of 13 ITC countries, use of quitlines is less than 5% of smokers surveyed.<sup>56</sup>

56. Borland, R., Li, L., Driezen, P., Wilson, N., Hammond, D., Thompson, M.E. et al. (2012). Cessation assistance reported by smokers in 15 countries participating in the International Tobacco Control (ITC) policy evaluation surveys. *Addiction* 107(1):197-205.

## Support for Further Government Action

Two-thirds of smokers in Uruguay believe that the government should play a stronger role in helping smokers. At Wave 1, nearly half (49%) of smokers “strongly agreed” or “agreed” that the government of Uruguay should do more to remedy the harm done by smoking – this percentage increased to 61% at Wave 2 and 65% at Wave 3 (see Figure 11).

**Figure 11. Percentage of smokers who “agree” or “strongly agree” that the government should do more to remedy the harm done by smoking, by wave**



## Conclusions

The majority of smokers in Uruguay smoke cigarettes on a daily basis. They do not have strong negative views about smoking and few have plans to quit smoking in the near future. Longitudinal findings indicate that perceived societal norms about smoking have remained unchanged between Wave 1 (2006) and Wave 3 (2010-11), which suggests that smoking is still normative in Uruguay. Findings also indicate that there is a need to increase support and access to cessation aids and services. While Uruguay has been an active and progressive leader in tobacco control both within Latin/South America and in the world, the majority of smokers still support stronger government action to protect the public from the harms of smoking.

# SMOKE-FREE PUBLIC PLACES AND WORKPLACES

As of March 1, 2006, smoking is prohibited in all indoor public places and workplaces (including bars and restaurants), and on public transportation in Uruguay. Smoke-free legislation in Uruguay is comprehensive, with no exceptions for designated smoking rooms or areas. The ITC Uruguay Wave 1 Survey (2006) was conducted approximately 9 months after the introduction of comprehensive smoking bans. Follow-up surveys at Wave 2 (2008-09) and Wave 3 (2010-11) were conducted after the smoking bans were in effect for approximately 3 years and 4 years, respectively.

## Smoking in Indoor Workplaces

### Prevalence of Smoking Bans in Workplaces

The ITC Uruguay Survey asked smokers who work indoors to describe the indoor smoking policy at their workplaces at Wave 1 (2006) and Wave 2 (2008-09). At Wave 1, 371 (78%) Uruguayan smokers worked at indoor workplaces. The majority of these smokers (81%) reported that smoking is not allowed in any indoor areas at their workplaces. At Wave 2, 587 (77%) Uruguayan smokers worked at indoor workplaces, and the percentage of these smokers who indicated that smoking is not permitted in any indoor areas at their workplaces increased slightly to 86%.

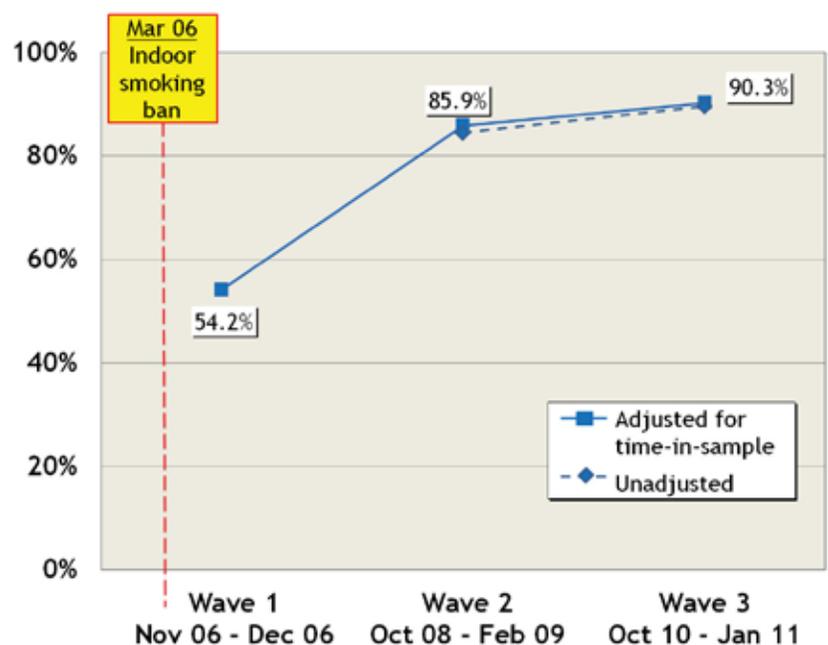
### Noticing Smoking in Workplaces

At Wave 2 (2008-09) and Wave 3 (2010-11), smokers who work indoors were asked to report whether they noticed people smoking in indoor areas of their workplaces in the last 6 months. Results indicated that there was relatively little change in the prevalence of observed smoking in workplaces reported by smokers between Wave 2 and Wave 3. At both waves, nearly one-quarter of smokers (18% at Wave 2; 23% at Wave 3) reported that they noticed people smoking indoors at their workplaces.

### Support for Smoking Bans in Workplaces

Support for complete smoking bans in workplaces increased dramatically from Wave 1 (2006) to Wave 3 (2010-11). At Wave 1, just over half (54%) of smokers reported that smoking should “not be allowed at all” in indoor workplaces. By Wave 2, the majority (86%) of smokers “strongly agreed” or “agreed” that smoking should be banned in all indoor areas of workplaces. This percentage further increased to 90% at Wave 3 (see Figure 12).

Figure 12. Percentage of smokers who support a smoking ban in all areas of workplaces, by wave



# Smoking in Restaurants and Cafés

## Noticing Smoking in Restaurants and Cafés

At Wave 2 (2008-09) and Wave 3 (2010-11), smokers who had visited a restaurant or café in the last 6 months were asked whether they had noticed anyone smoking indoors during their last visit. The reported prevalence of indoor smoking in these venues was very low — 5% at Wave 2 and 6% at Wave 3 (see Figure 13).

## Support for Smoking Bans in Restaurants and Cafés

There has been a steady increase in support for complete smoking bans in restaurants and cafés between Wave 1 (2006) to Wave 3 (2010-11). At Wave 1, nearly half (47%) of smokers reported that smoking should “not be allowed at all” in indoor areas of restaurants and cafés. At Wave 2 (2008-2009), over three-quarters (80%) of smokers “strongly agreed” or “agreed” that smoking should be banned in all indoor areas of restaurants and cafés, and this percentage increased to 86% at Wave 3.

## Support for Smoking Bans in Other Hospitality Venues

The ITC Uruguay Survey also assessed smokers’ support for complete smoking bans in key hospitality and entertainment venues. Between Wave 2 (2008-09) and Wave 3 (2010-11), there was an increase in the percentage of smokers who “strongly agreed” or “agreed” that smoking should be banned in all indoor areas of the following venues: bars and cantinas (69% at Wave 2; 79% at Wave 3), nightclubs and pubs (68% at Wave 2; 79% at Wave 3), hotels (70% at Wave 2; 78% at Wave 3), casinos (71% at Wave 2; 82% at Wave 3), and in areas inside and outside of stadiums (37% at Wave 2; 49% at Wave 3).

Nearly all smokers (92%) at Wave 2 and Wave 3 “strongly agreed” or “agreed” that customers and employees have the right to breathe smoke-free air in public places. The vast majority of smokers (92% at Wave 1; 90% at Wave 2; 95% at Wave 3) also agreed that smoking bans in indoor public places and workplaces are beneficial to people’s health.

## Smoking in the Home

The prevalence of home smoking bans in Uruguay has increased between Wave 1 (2006) and Wave 3 (2010-11). At Wave 1, less than one-quarter (18%) of smokers reported that smoking is not allowed in any indoor areas of their homes. This percentage increased to 27% at Wave 2, but remained relatively unchanged at 29% at Wave 3. This increase in smoke-free homes may have a positive influence on smoking cessation as ITC Project findings suggest that smoke-free homes may play an important role in helping smokers to quit and to stay quit.<sup>57</sup>

ITC Uruguay data shows an increase in the percentage of smokers who have had discussions about smoking and health with their families as a result of policies to curb second-hand smoke, ban tobacco advertising, and provide anti-smoking information. At Wave 1, 68% of smokers had these discussions with their families. This increased to 76% of smokers at Wave 2 and 81% at Wave 3.

ITC cross-country comparison analyses show that the prevalence of home smoking bans in Uruguay is similar to or higher than Ireland, Scotland, and France, but lower than in other Latin American countries such as Brazil and Mexico which do not have comprehensive smoke-free legislation (see Figure 14).

Figure 13. Percentage of smokers who noticed smoking in restaurants and cafés in the last 6 months, by wave

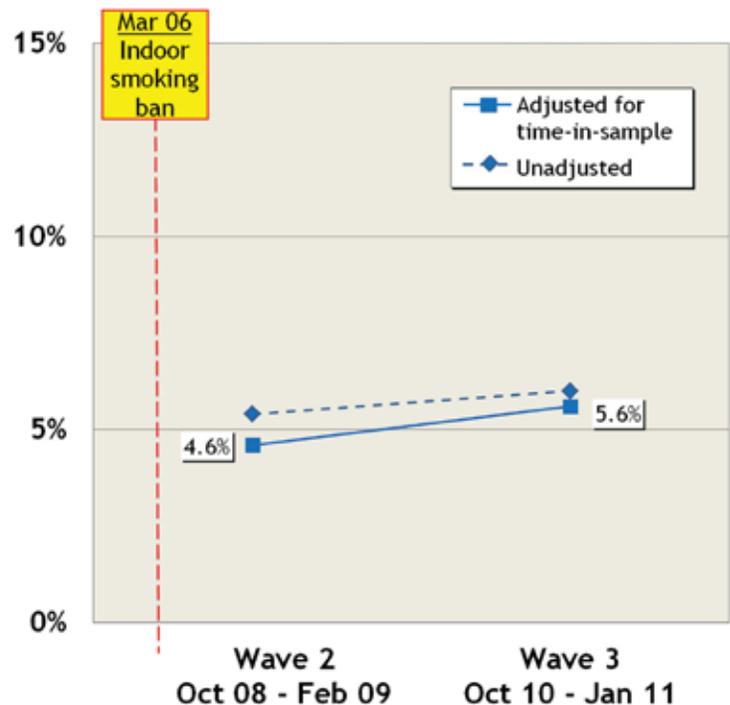
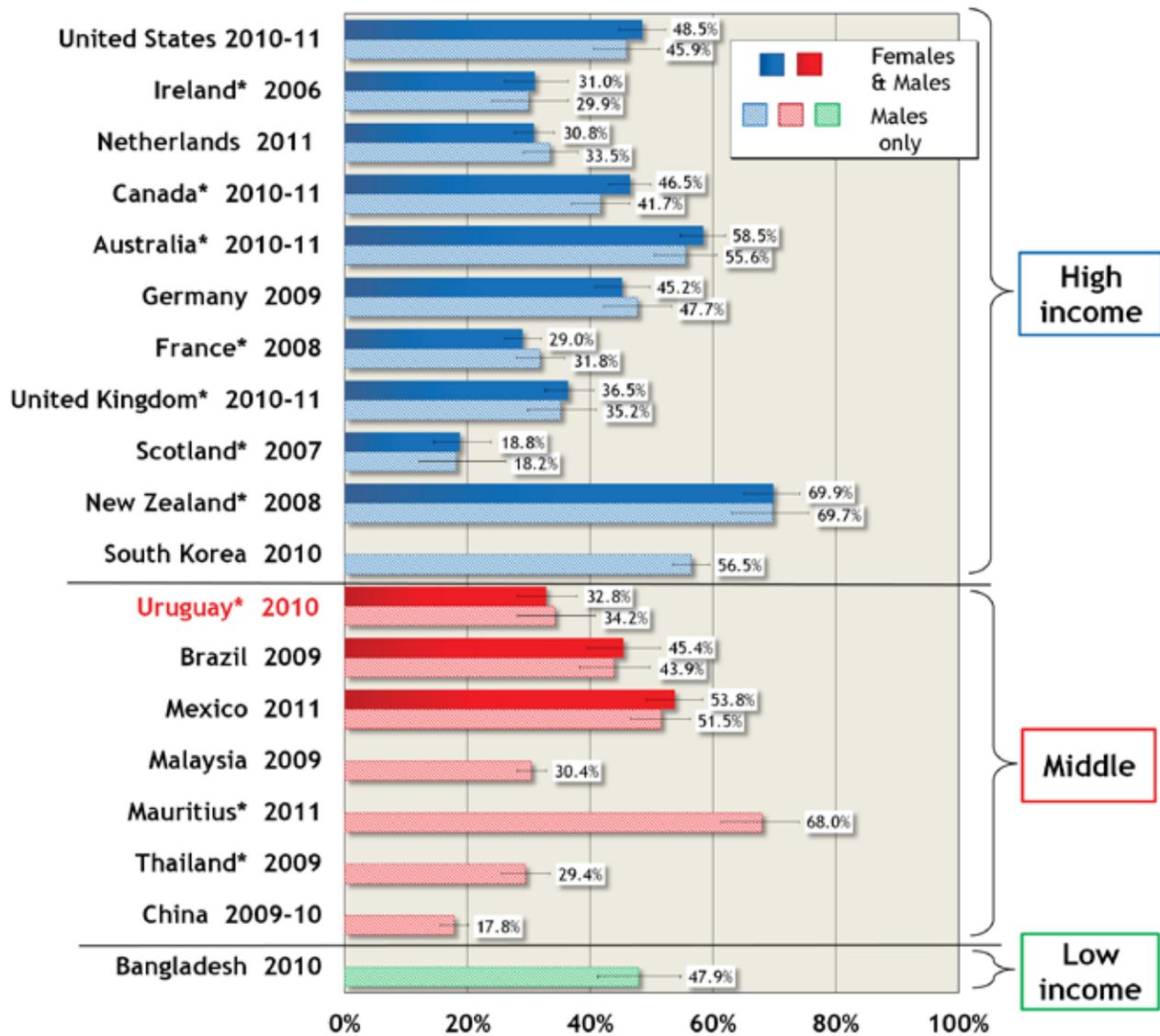


Figure 14. Percentage of smokers who reported smoking is “never” allowed in their home, by country



\*Countries with complete smoking bans in bars, restaurants and workplaces in effect at time of survey

57. Borland, R., Yong, H.H., Cummings, K.M., Hyland, A., Anderson, S., & Fong, G.T. (2006). Determinants and consequences of smokefree homes: Findings from the International Tobacco Control (ITC) Four Country Survey. *Tobacco Control*, 15(Suppl. 3), 42–50. doi:10.1136/tc.2005.012492.

## Conclusions

Findings from the ITC Uruguay Waves 1 to 3 Surveys (2006-11) indicate that support for comprehensive smoking bans in all public places has increased steadily since the implementation of the 2006 smoke-free regulations in Uruguay. This finding is consistent with ITC Project results in Ireland, Scotland, the rest of the United Kingdom, and France after the implementation of their respective smoke-free laws. Nevertheless, 3 to 4 years after the national smoking ban came into effect, nearly a quarter of Uruguayans who work indoors continue to be exposed to second-hand smoke in their workplaces. The overwhelming majority of Uruguayan smokers support complete smoking bans in indoor workplaces. Stronger enforcement of smoking bans in workplaces is needed in order to ensure that all employees are protected against exposure to second-hand smoke. In addition, sustained mass media campaigns to educate the public about the harms of second-hand smoke may not only increase the effectiveness of smoke-free laws, but also influence the adoption of smoking bans in the home.

# HEALTH WARNING LABELS

Since April 2006, Uruguay has implemented five rounds of pictorial health warnings, with a sixth round scheduled to appear on packs in 2013. The current Round 5 warnings consist of 2 images that cover 80% of the principal display areas of the package. The ITC Uruguay Waves 1 to 3 Surveys (2006-11) evaluate the first four rounds of warnings. The surveys include a broad set of questions to assess health warning effectiveness, including measures of label salience; cognitive, emotional, and behavioral responses to the warnings; and support for the warnings.

The ITC Uruguay Wave 1 Survey (2006) was conducted after implementation of the Round 1 pictorial warning labels in April 2006. Those warnings included 8 symbolic images that used cigarettes and smoke to represent various health consequences of smoking both to the smoker and to others, and covered 50% of the package. The Wave 2 Survey (2008-09) took place after implementation of the Round 2 pictorial warnings in February 2008, which contained only 3 images of objects associated with death, such as a tombstone and bottle of poison, and remained at a size of 50% of the package.

Between the Wave 2 and Wave 3 Surveys (2010-11), Round 3 and Round 4 warnings were implemented. Round 3 warnings were implemented in February 2009, consisting of 9 images covering 50% of the package. Round 4 warnings, implemented in February 2010, included 6 images that increased in size to cover 80% of the package. Both rounds of warnings contained much less symbolic images than the previous rounds, with the images of Round 4 being the most graphic of the four rounds of warnings. At the time of the Wave 3 Survey (2010-11), the larger (80%) Round 4 warnings were on packages. Figure 15 displays examples of the warning images at each round, and when each ITC Uruguay Survey occurred in relation to the warnings.

Figure 15. Examples of health warnings on packs at each survey wave



# Every measure of warning label effectiveness demonstrates that large, graphic pack images with clear health messages are more effective than smaller, more abstract health warnings.

## Changes in Warning Effectiveness Over Time

Every measure of warning effectiveness (noticing the warnings, reading or looking closely at them, thinking about the harms of smoking because of the warnings, and thinking about quitting) followed a similar pattern across the three survey waves. In general, the pattern of results show that the three symbolic warnings introduced at Round 2 led to no real increase in effectiveness from the symbolic images at Round 1, but that there was a significant increase in effectiveness after the larger and more hard-hitting warnings were introduced at Round 4 (see Figure 16).

### Noticing health warnings

The majority of smokers at all three survey waves reported noticing the health warnings on cigarette packages. At Wave 1, 68% of smokers reported that they had noticed the warnings “often” or “very often” in the last month. Noticing did not change much at Wave 2, dropping only slightly to 65% after introduction of the Round 2 warnings, but after the introduction of the larger (covering 80% of the front and back of the package) and harder-hitting Round 4 warnings, noticing increased to 71% at Wave 3.

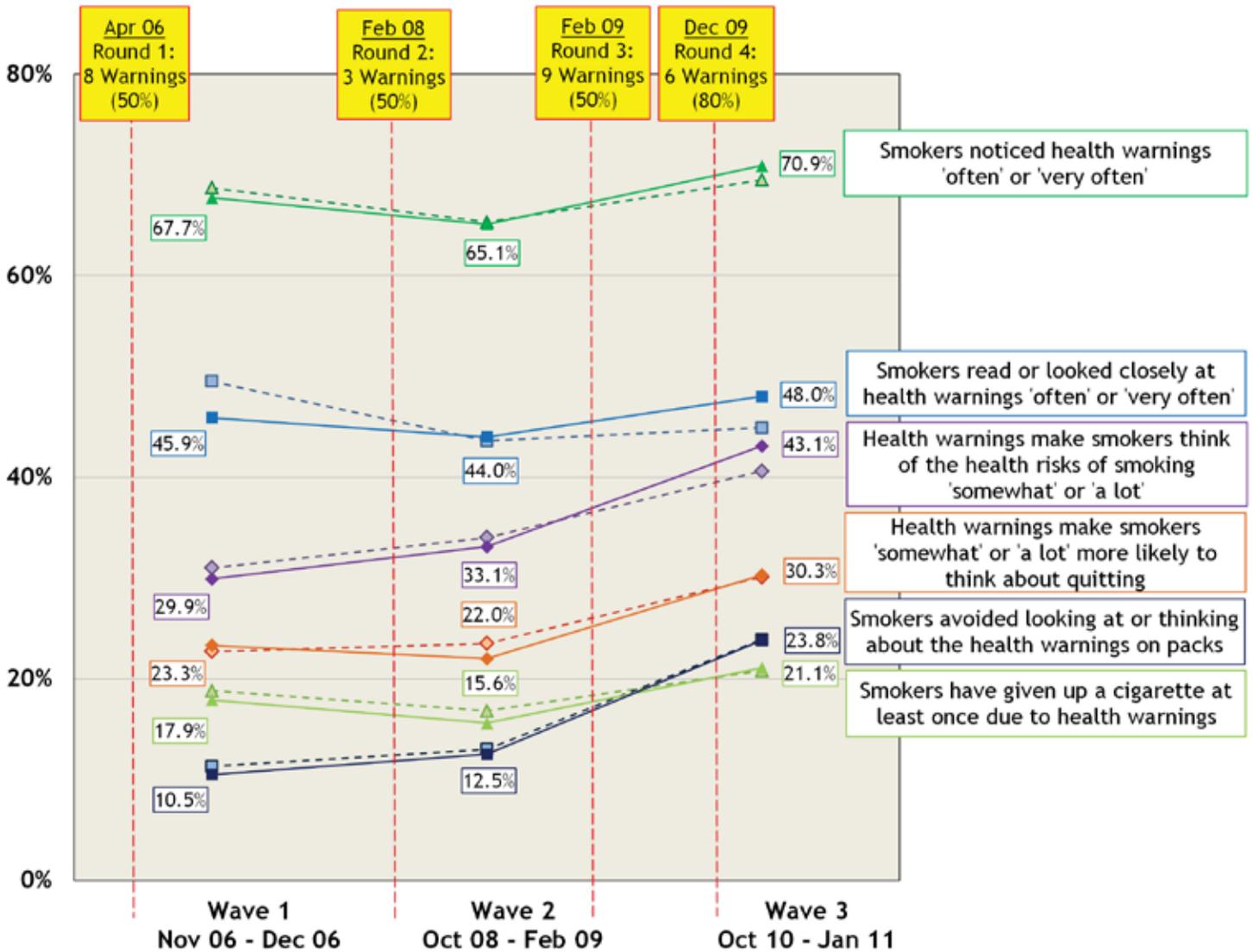
### Reading/Looking closely at health warnings

The percentage of smokers who read or looked closely at the warnings followed much the same pattern as noticing the warnings, remaining relatively unchanged from Wave 1 to Wave 2, then increasing slightly at Wave 3 after the larger and more hard-hitting Round 4 warnings were introduced. At Wave 1, 46% of smokers reported that they had “often” or “very often” read or looked closely at the warnings on cigarette packages in the last month. This was followed by a slight drop to 44% at Wave 2, then an increase to 48% at Wave 3.

### Thinking about the harms of smoking

At Wave 1, approximately one-third (30%) of smokers said that labels made them think about the harms of smoking “somewhat” or “a lot”. This percentage increased slightly to 33% at Wave 2, after the introduction of the three symbolic warnings of Round 2, then further increased to 43% at Wave 3 following the introduction of the larger, more hard-hitting Round 4 warnings.

Figure 16. Impact of health warnings on smokers' perceptions and behaviours in the last month, by wave\*



\* The solid lines represent frequencies adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted frequencies

### Thinking about quitting

The percentage of smokers who said that the warnings make them think about quitting smoking was relatively unchanged between Wave 1 and Wave 2, then increased significantly at Wave 3 following the introduction of the larger, more hard-hitting Round 4 warnings. At Wave 1, 23% of smokers said that the warnings make them think about quitting “somewhat” or “a lot”. This percentage decreased to 22% at Wave 2, then rose to 30% at Wave 3.

## Changes in Knowledge of the Health Effects of Smoking

The ITC Uruguay Waves 1 to 3 Surveys measured smokers' knowledge of several health effects of smoking, most of which had been featured in a health warning in Uruguay at least once. In general, smokers had high knowledge of the health effects of smoking (see Figure 17), which may in part be attributable to the four rounds of warnings displaying several different health effects of smoking.

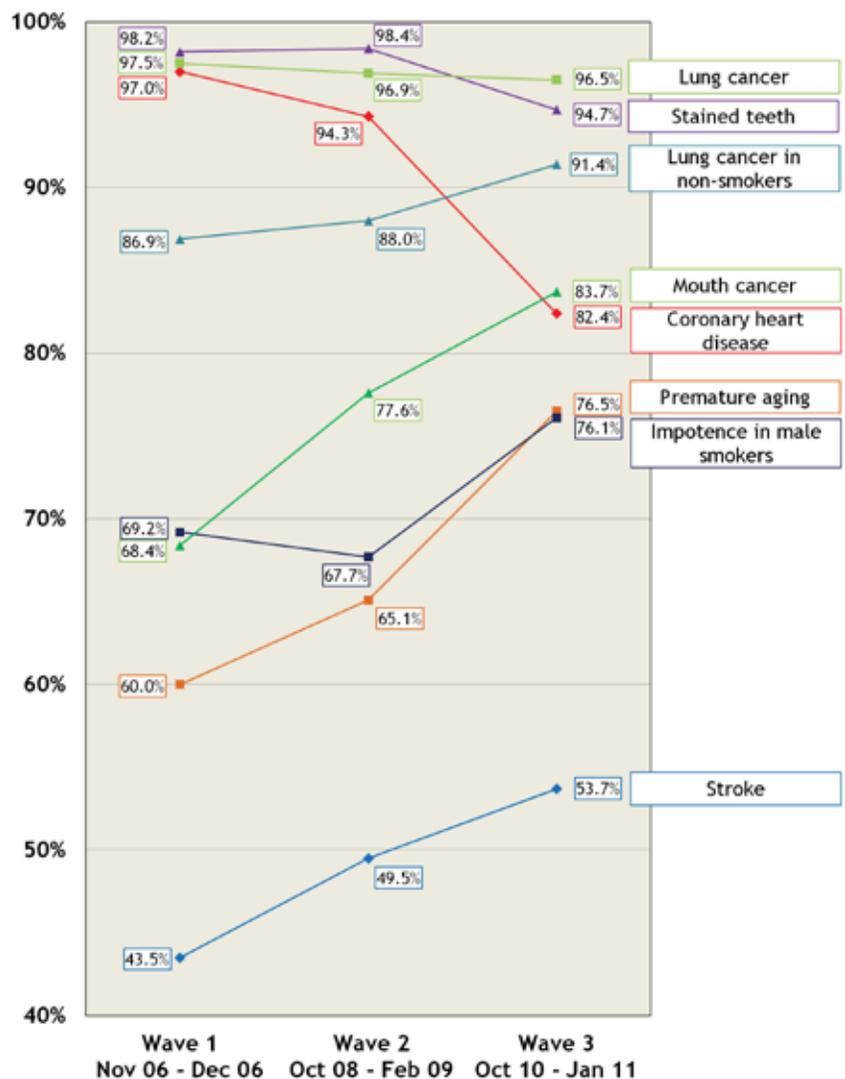
Knowledge was especially high across all three waves for stained teeth (knowledge ranged from 95%-98% across the three waves), lung cancer in smokers (97%-98%), and lung cancer in non-smokers (87%-91%). While stained teeth and lung cancer are generally commonly recognized health effects of smoking, the high knowledge of lung cancer in non-smokers may be attributable to the health warnings, as every round of pictorial warnings in Uruguay has included at least one message about the harms that smoking causes to others.

Knowledge that smoking causes impotence showed an interesting pattern across the three waves, which could be attributable to the health warnings. The Round 1 pictorial health warnings in Uruguay included a warning related to impotence, with a message that "80% of those consulted for sexual disorders are smokers". At Wave 1 (2006), after these warnings had been implemented, 69% of smokers agreed that smoking causes impotence. The Round 2 warnings, however, only included three symbolic images with no messages related to impotence. At Wave 2, after implementation of those warnings, knowledge of impotence dropped slightly to 68%. Both the Round 3 and Round 4 pictorial warnings, implemented in 2009 and 2010, included messages about impotence, with a Round 3 warning clearly stating that "Smoking and exposure to tobacco smoke decreases your physical and sexual performance and your ability to have children." Subsequently, at Wave 3, smokers' knowledge of impotence increased to 76%.

The health effects with the lowest knowledge among smokers included premature aging (60-77% across the three waves) and stroke (44%-54%). These were also the only two health effects in the survey that did not appear in the first four rounds of health warnings, aside from a mention of cerebrovascular disease in a list of health effects on one warning in 2009.

This suggests that the health warnings should include specific messages that smoking causes premature aging and stroke in order to increase smokers' knowledge of these health effects. Indeed, the two Round 5 warnings released in January 2012 include a specific warning dedicated to stroke, so Wave 4 of the ITC Uruguay Survey will be able to evaluate whether knowledge of stroke increased after the implementation of this warning.

Figure 17. Percentage of smokers who believe that smoking causes the following health conditions or outcomes, by wave



## Impact of Warnings on Behaviour

Another important indicator of label effectiveness is self-reported behaviour in response to the warnings, which includes two measures from the ITC Uruguay Surveys: whether or not a smoker made an effort to avoid the warning labels or gave up smoking a cigarette he/she was about to smoke because of the warnings. Both of these measures showed a large increase in the behaviour at Wave 3, after the introduction of the 80% warning labels (see Figure 16).

The percentage of smokers who reported that they had made an effort to avoid looking at or thinking about the health warnings in the last month more than doubled from Wave 1 to Wave 3. At Wave 1, 11% of smokers said that they had avoided the warnings, which increased slightly to 13% at Wave 2, then increased dramatically to 24% at Wave 3.

Similarly, the percentage of smokers who said that the warnings had stopped them from smoking at least once in the last month when they wanted to smoke a cigarette decreased slightly from Wave 1 to Wave 2, after the smaller set of three symbolic warnings were implemented, but then increased again at Wave 3 after the introduction of the larger warnings. At Wave 1, 18% of smokers said that the warnings had stopped them from smoking at least once, followed by 16% at Wave 2, and 21% at Wave 3.

## Support for More Information on Cigarette Packs

The ITC Uruguay Survey asked smokers if they think that cigarette packages should have more information, less information, or about the same amount of information as they do now. Across the three survey waves, the majority of smokers said that there should be about the same or more information on cigarette packages. The percentage of smokers who wanted more information increased slightly from 27% at Wave 1 to 31% at Wave 2, after warnings with very vague health information had been implemented. However, after the new warnings with more specific messages about the harms of smoking were implemented between Wave 2 and Wave 3, the percentage of smokers who still wanted more information on cigarette packs decreased slightly to 28%.

## Conclusions

In general, findings from the ITC Uruguay Survey (Waves 1 to 3, 2006-11) demonstrate that the pictorial warnings on cigarette packs in Uruguay have been effective in making smokers notice the warnings, think about the harms of smoking, and change their smoking behaviour. In addition, Uruguay ranks very highly in terms of warning effectiveness in comparison to other ITC countries surveyed.<sup>58</sup>

However, the findings also demonstrate that both the size and content of the warnings matters. On almost all measures, warning effectiveness remained unchanged or decreased slightly from Wave 1 to Wave 2, after the warnings changed to a smaller set of more symbolic images in 2008, covering 50% of the package. At Wave 3, after implementation of larger, more graphic warnings covering 80% of the package, warning effectiveness increased to levels higher than Wave 1, demonstrating that large, graphic images with clear health messages are more effective than smaller, more abstract warnings.

58. ITC Project (March 2012). *Health Warnings on Tobacco Packages: ITC Cross-Country Comparison Report*. University of Waterloo, Waterloo, Ontario, Canada.

## MISLEADING BRAND DESCRIPTORS

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After the release of the first Surgeon General's Report on the harms of smoking, the tobacco industry aimed to reduce smokers' concerns and prevent them from quitting by introducing "low-tar" cigarettes as a safer alternative to smoking regular cigarettes. Over the past several decades, tobacco companies have used many deceptive practices and marketing techniques to perpetuate the belief that some cigarette brands are less harmful than others, despite evidence that they were fully aware from the beginning that this was a deception.<sup>59</sup>

It is now well established that so-called "light", "mild", or "low-tar" cigarettes are no less harmful than regular cigarettes, but many smokers continue to mistakenly believe that "light" cigarettes are safer or reduce the health risks of smoking.<sup>60, 61</sup> Article 11 of the FCTC requires Parties to implement measures to ensure that tobacco packaging and labeling are not misleading, deceptive, or likely to create the false impression that a particular tobacco product is less harmful than other tobacco products. This includes a ban on terms such as, but not limited to, "low tar", "light", "ultra-light", or "mild". However, even after removal of these terms, there is evidence that some smokers continue to believe falsely that certain cigarette brands are less harmful than others, as tobacco companies continue to promote these beliefs through elements of package design such as colour.<sup>62, 63</sup> Article 11 Guidelines suggest that Parties adopt plain packaging in order to address package design techniques that may suggest that some products are less harmful than others.

Uruguay has had a ban on any misleading package descriptors or elements (such as "low", "light", "ultralight", or "mild") since 2005, but tobacco companies continued to promote the false belief that some brands were less harmful than others by brand stretching (offering different presentations of a brand using colours and package designs after removing the misleading descriptors).<sup>64</sup> In response, the government of Uruguay adopted a groundbreaking regulation in 2010 that limited every brand of cigarettes to only a single presentation, eliminating the possibility of multiple sub-brands with different colours and package designs.

59. Pollay, R.W., & Dewhirst, T. (2001). *Marketing cigarettes with low machine-measured yields*. In *Smoking and Tobacco Control Monograph 13: Risks associated with smoking cigarettes with low machine-measured yields of tar and nicotine (199-235)*. Bethesda, MA: U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health.

60. Kozlowski, L.T., & Pillitteri, J.L. (2001). *Beliefs about 'lights' and 'ultra light' cigarettes and efforts to change those beliefs: An overview of early efforts and published research*. *Tobacco Control*, 10, 12-16.

61. Borland, R., Yong, H.H., King, B., Cummings, K.M., Fong, G.T., Elton-Marshall, T., et al. (2004). *Use of and beliefs about 'light' cigarettes in four countries: Findings from the International Tobacco Control Policy Evaluation Survey*. *Nicotine and Tobacco Research*, 6, S311-S321.

62. Mutti, S., Hammond, D., Borland, R., Cummings, K.M., O'Connor, R.J., & Fong, G.T. (2011). *Beyond light and mild: Cigarette brand descriptors and perceptions of risk in the International Tobacco Control (ITC) Four Country Survey*. *Addiction*, 106, 1166-1175.

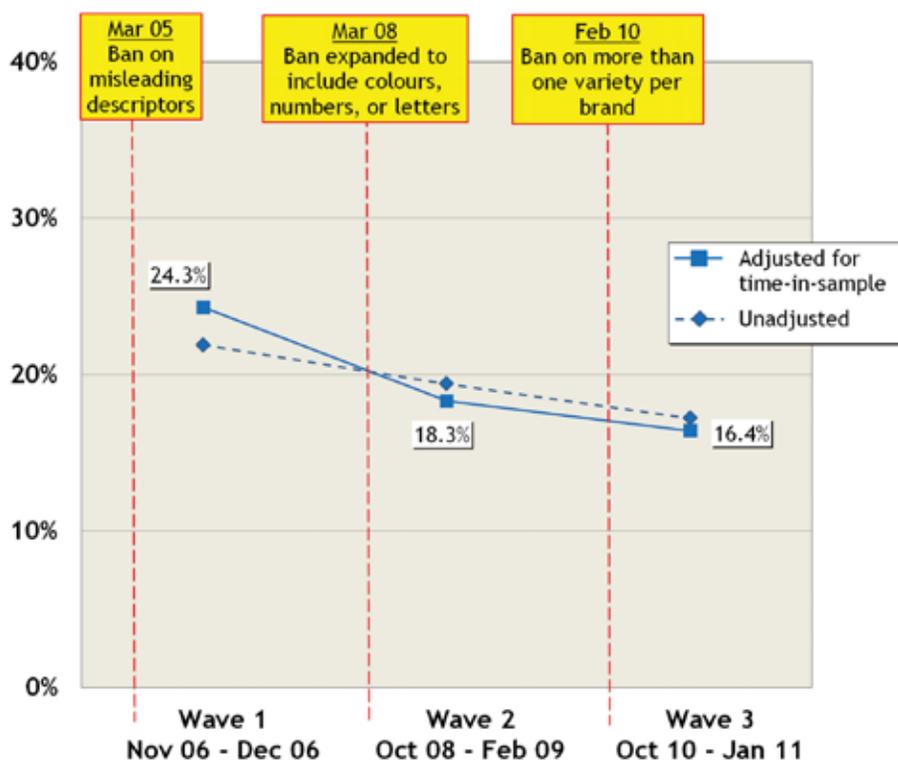
63. Yong, H.H., Borland, R., Cummings, K.M., Hammond, D., O'Connor, R.J., Hastings, G., & King, B. (2011). *Impact of the removal of misleading terms on cigarette pack on smokers' beliefs about 'light/mild' cigarettes: Cross-country comparisons*. *Addiction*, 106, 2204-2213.

64. Peterson, L.E. (2012). *Uruguay unveils its jurisdictional objections to Philip Morris arbitration claim*. *IAReporter*. Jan. 31, 2012.

## Smokers' perceptions of harmfulness of current brand

The ITC Uruguay Surveys (Waves 1 to 3, 2006-11) included several measures to evaluate smokers' beliefs and perceptions of "light" cigarettes. After identifying their current cigarette brand, smokers were asked if they chose that brand because they thought it would be less harmful. At Wave 1 (2006), after the initial ban on misleading descriptors, 24% of smokers said that they chose their brand because it was less harmful. This percentage decreased to 18% at Wave 2 (2008-09) after the ban was expanded to include misleading colours, numbers, or letters, and decreased again slightly to 16% at Wave 3 (2010-11), after the ban on multiple brand variations (see Figure 18).

Figure 18. Percentage of smokers who when they chose their brand thought it would be less harmful, by wave



## Smokers' beliefs about "light" cigarettes

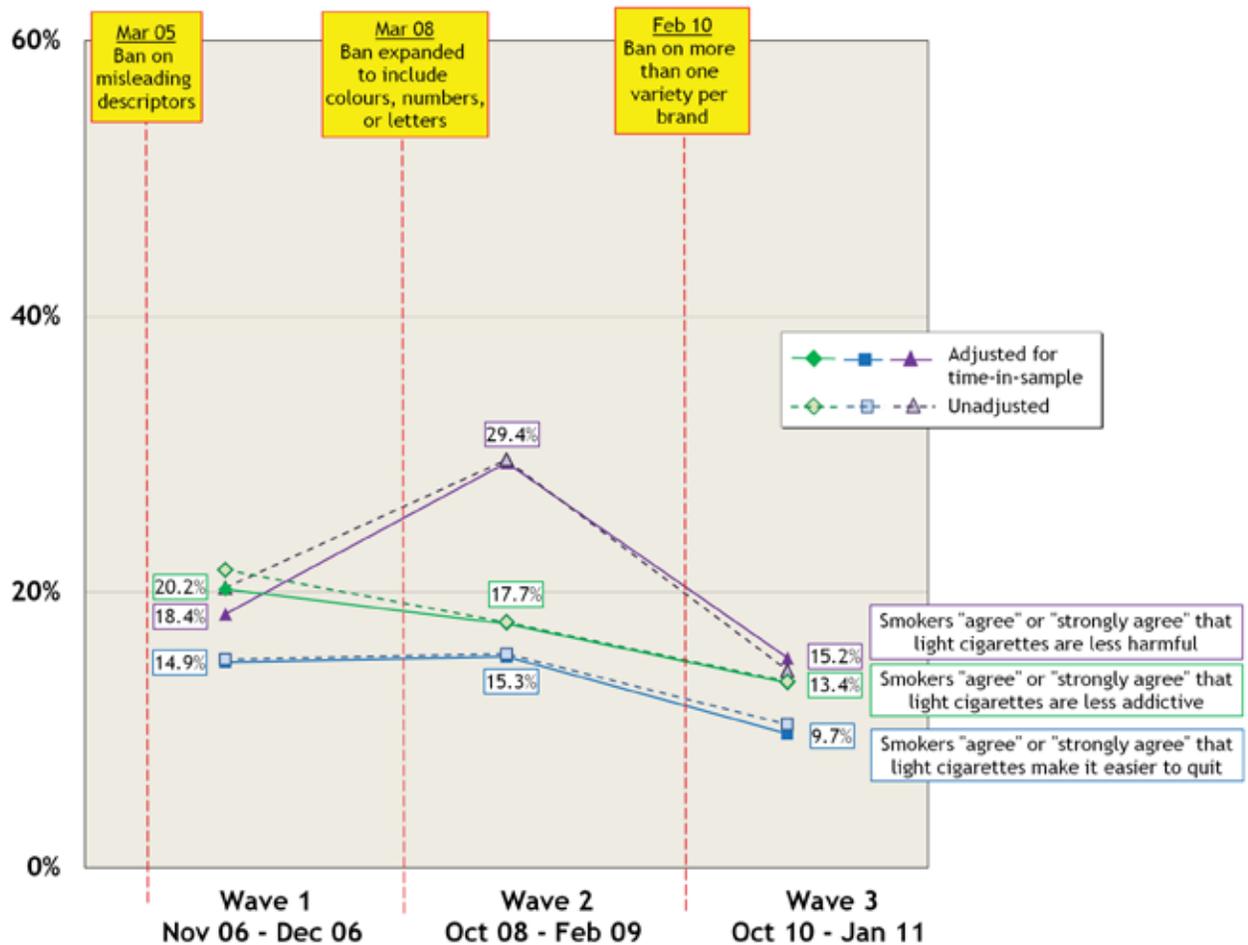
Smokers also responded to three measures of their perceptions of "light" cigarettes (see Figure 19). For two items, the trends in smokers' responses were similar. The percentage of smokers with false beliefs about light cigarettes stayed about the same from Wave 1 to Wave 2, following the implementation of the expanded ban on misleading descriptors to include colours, numbers, and letters, then declined at Wave 3 after the one variety per brand policy was implemented.

The percentage of smokers who "agree" or "strongly agree" that light cigarettes make it easier to quit smoking stayed the same (15%) from Wave 1 to Wave 2, then decreased to 10% at Wave 3.

Similarly, the percentage of smokers who "agree" or "strongly agree" that light cigarettes are less addictive than regular cigarettes decreased slightly from Wave 1 (20%) to Wave 2 (18%), then decreased significantly to 13% at Wave 3.

In contrast, the percentage of smokers who said they "agree" or "strongly agree" that light cigarettes are less harmful than regular cigarettes increased following the bans on misleading descriptors from 18% at Wave 1 to 29% at Wave 2, then decreased to 15% at Wave 3 following the ban on multiple brand variations.

Figure 19. Smokers' beliefs about "light" cigarettes, by wave



## Conclusions

In an effort to reduce the false beliefs among smokers that some types of cigarettes are less harmful than others, Uruguay banned misleading descriptors such as “light” or “mild” on cigarette packages in 2005 and strengthened the ban in 2008 to include misleading colours, numbers, and letters. In 2010, they expanded the ban to eliminate all brand variants, reducing the opportunities for tobacco companies to promote false beliefs through package design.

Evidence from the ITC Uruguay Surveys (Waves 1 to 3, 2006-2011) demonstrate that policies focused solely on eliminating misleading brand descriptors, such as “light” and “mild” and other elements of pack design, such as colours, are not sufficient to reduce false beliefs about the harmfulness of “light” cigarettes. Smokers’ false perceptions about the harm of “light” cigarettes did not decrease after the implementation of bans on the use of misleading terminology, colours, numbers, letters, and even increased for one measure. However, smokers’ false beliefs declined significantly after Uruguay’s ban on multiple brand variants, providing support for the effectiveness of this stronger policy measure in the short term.

These trends are consistent with ITC research findings in other countries showing that policies banning misleading descriptors from packages are not adequate to reduce false beliefs about the relative harm of cigarettes.<sup>61, 62, 63</sup> For example, the ITC Four Country Survey found only temporary reductions in smokers’ reported misperceptions in the United Kingdom and Australia following the removal of light and mild descriptors.<sup>63</sup>

Overall, the findings suggest that more aggressive restrictions on the design of the package are required to counteract deceptive packaging practices. The ITC Uruguay Wave 4 Survey will examine the extent to which the ban on multiple brand variations reduces smokers’ misperceptions of harm in the long term.

# TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP

Article 13 of the FCTC requires Parties to implement effective measures against tobacco advertising, promotion, and sponsorship. Uruguay's 2008 Smoking Control Regulations (Law No. 18.256) prohibit most forms of tobacco advertising, promotion, and sponsorship by any media except advertising and display of tobacco products at point of sale. The 2008 Regulations also ban offering or supplying free or discounted tobacco products.

The ITC Uruguay Wave 1 (2006) Survey was conducted approximately 1.5 years prior to the introduction of the advertising ban. Follow-up surveys at Wave 2 (2008-09) and Wave 3 (2010-11) were conducted after the advertising bans were in effect for approximately 6 to 10 months and 2.5 years, respectively, providing two post-implementation assessments of the effectiveness of the bans.

**The 2008 Smoking Control Regulations have resulted in large reductions in tobacco advertising in the media and at hospitality venues.**

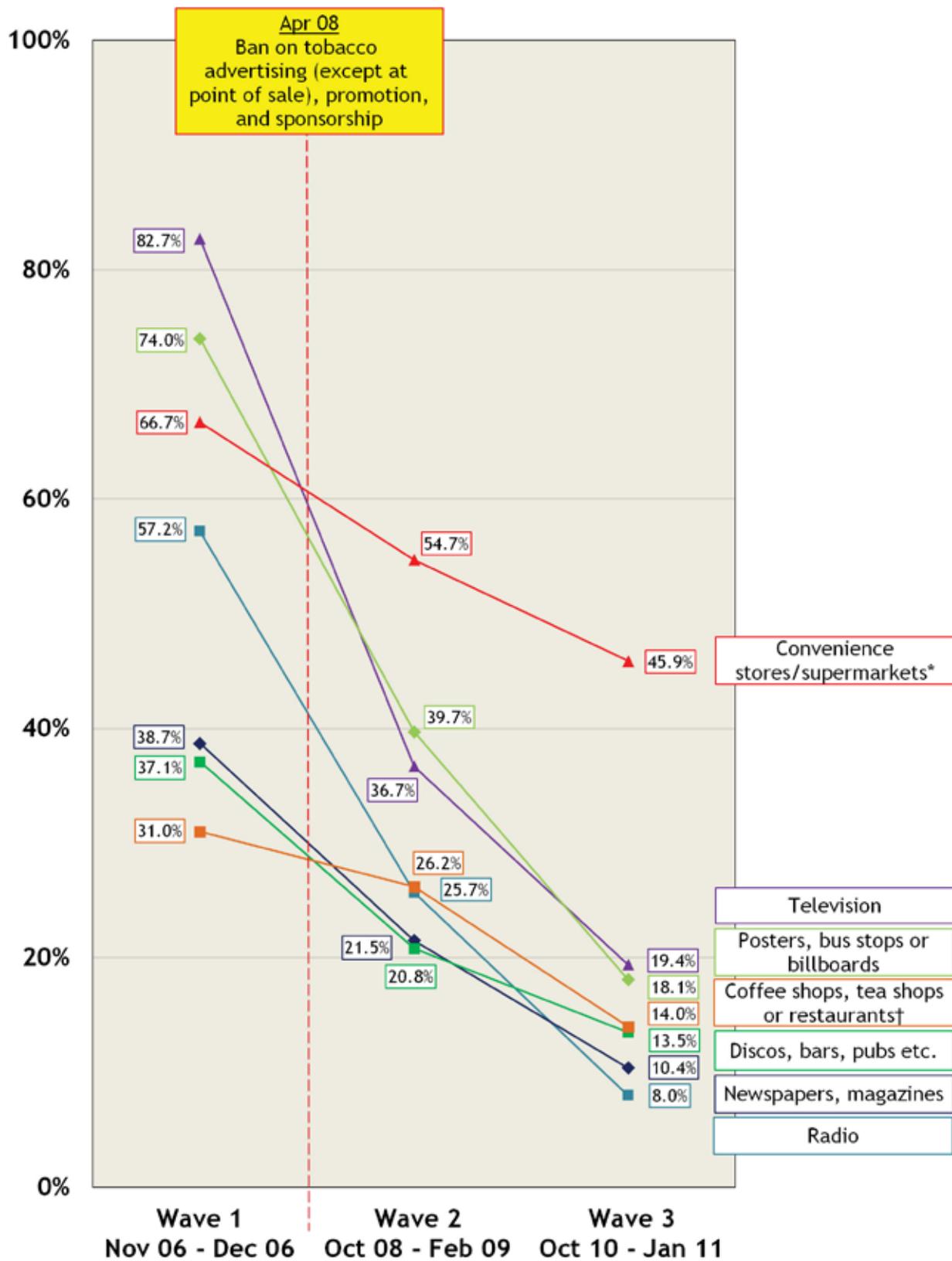
## Tobacco Advertising

The ITC Uruguay Wave 1 to Wave 3 Surveys (2006-11) evaluated the effectiveness of the 2008 Smoking Control Regulations in curbing tobacco advertising by asking smokers whether they had noticed cigarettes or tobacco products being advertised in the last 6 months across a variety of venues and media, including television, radio, and print media. The findings below point to the success of the regulations in reducing advertising in those venues that are specified in the regulations. Six to 10 months after the ban had been implemented there was a decrease in tobacco advertising across all forms of advertising specified in the law (see Figure 20). However, advertising at point of sale and depictions of smoking in the entertainment media, which are not included in the regulations, remained a salient form of tobacco advertising and promotion for almost half of all smokers surveyed. The sections below discuss trends in the prevalence of advertising, promotion, and sponsorship before and after the implementation of the advertising bans according to specific venues.

### Television

In 2006 (1.5 years pre-ban), television was the most prevalent source of tobacco advertising. The majority (83%) of smokers surveyed noticed tobacco advertising on television. There was a dramatic drop in prevalence of tobacco advertising on television after the ban was in place. In 2008-09 (6 to 10 months post-ban), 37% of smokers reported noticing tobacco advertising on television. In 2010-11 (2.5 years post-ban), this percentage further declined to 19% of smokers.

Figure 20. Percentage of smokers who noticed cigarette or tobacco products being advertised in various venues and media in the last 6 months, by wave



\* In Wave 1, the questions asked about store windows or inside stores where you buy tobacco and supermarkets/warehouse stores

† In Wave 1, the question only asked about coffee shops, not about tea shops or restaurants



*More than half (52%) of Uruguayan smokers “strongly agree” or “agree” that tobacco companies should not be allowed to promote cigarettes at all.*

### **Posters, bus stops, and billboards**

Advertising on posters, at bus stops, and on billboards was noticed by three-quarters (74%) of smokers in 2006 (1.5 years pre-ban). Six to 10 months after the ban, a dramatic decline comparable to the decrease in television advertising was achieved for these forms of advertising with 40% of smokers reporting that they noticed advertising on posters, at bus stops, and on billboards. Two and a half years after the ban, this percentage decreased further to 18% of smokers.

### **Radio**

Prior to the 2008 ban on tobacco advertising on radio, more than half (57%) of smokers heard tobacco advertising through this form of media. Six to 10 months after the ban, this percentage decreased to one-quarter (26%) of smokers. Two and a half years after the ban, radio advertising became the least prevalent form of tobacco advertising as less than 10% of smokers heard advertising through this form of media.

### **Coffee shops, tea shops, and restaurants**

The 2008 ban on advertising has resulted in a 50% overall reduction in the prevalence of advertising in coffee shops, tea shops and restaurants. In 2006 (1.5 years pre-ban), approximately one-third (31%) of smokers noticed tobacco advertising in these venues. This percentage decreased to 26% in 2008-09 (6 to 10 months post-ban). In 2010-11 (2.5 years post-ban), this percentage declined to 14% of smokers noticing tobacco advertising in these venues.

### **Discos, bars, and pubs**

Prior to the 2008 ban on tobacco advertising, 37% of smokers noticed advertising in discos, bars, and pubs. Six to 10 months after the ban, this percentage decreased to 21%. A further decrease to 14% of smokers was achieved 2.5 years after the ban.

### **Newspapers and magazines**

A similar reduction was observed for newspapers and magazines - 39% of smokers observed tobacco advertising in these print sources before the ban on advertising, which declined to 22% at 6 to 10 months post-ban, and 10% at 2.5 years post-ban.

### **Convenience stores/supermarkets**

Advertising and tobacco product displays at point of sale are still permitted in Uruguay. As such, it is not surprising that less dramatic reductions in tobacco advertising in convenience stores and supermarkets has been achieved. In 2006 (1.5 years pre-ban), two-thirds (67%) of smokers observed advertising in these venues. In 2008 (6 to 10 months post-ban), this decreased to 55% of smokers. In 2010-11 (2.5 years post-ban), almost one-half (46%) of smokers noticed tobacco advertising in these venues.

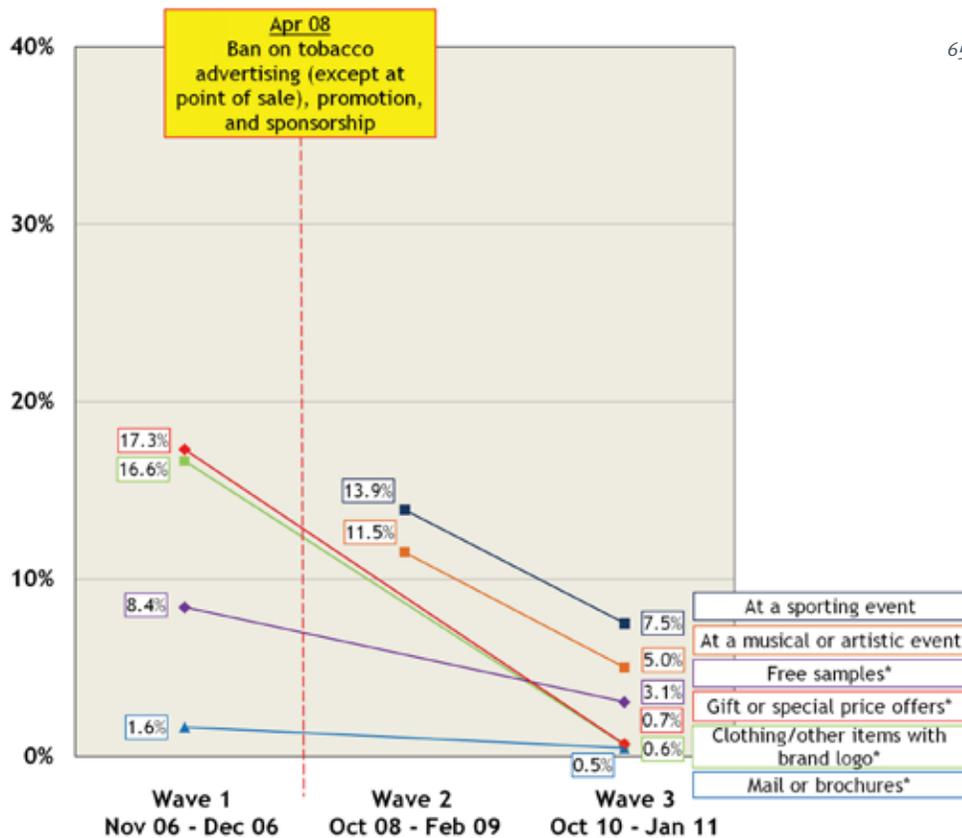
# Smoking in Entertainment Media

Although the advertising of tobacco products in television, radio, and print media is banned in Uruguay, the unpaid depiction of tobacco use or products in these forms of media is still permitted. Findings from the ITC Uruguay Surveys indicated that cigarette smoking is still visible in the entertainment media. Across all three waves, about one-third or more of smokers (32% at Wave 1 (2006); 35% at Wave 2 (2008-09); 33% at Wave 3 (2010-11)) noticed people smoking “often” or “very often” in the entertainment media in the past 6 months. These findings are of particular concern in light of the 2012 U.S. Surgeon General’s Report on Preventing Tobacco Use Among Youth and Young Adults, which reviewed numerous studies conducted in the U.S. and in other countries about the impact of seeing smoking in the movies on smoking initiation among youth. This important Report concluded that there was a causal relationship between depictions of smoking in the movies and the initiation of smoking among youth. The Report concluded that youth who received the most exposure to onscreen smoking were about twice as likely to begin smoking as those who get the least exposure.<sup>65</sup>

## Tobacco Promotion and Sponsorship

Findings from the ITC Uruguay Wave 1 to 3 Surveys (2006-11) demonstrate that Uruguay’s 2008 Tobacco Control Regulations have been effective in achieving reductions in tobacco industry promotion and sponsorship (see Figure 21). Following the implementation of the 2008 sponsorship ban, the percentage of smokers who reported noticing sponsorship of sporting events decreased from 14% in 2008-09 (6 to 10 months post-ban) to 8% in 2010-11 (2.5 years post-ban). There was a similar reduction in noticing sponsorship of musical or artistic events from 12% in 2010-11 (6 to 10 months post-ban) to 5% in 2010-11 (2.5 years post-ban).

**Figure 21. Percentage of smokers who were exposed to various forms of cigarette or tobacco promotion/ sponsorship in the last 6 months, by wave\***



65. U.S. Department of Health and Human Services. (2012). *Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

\* In Wave 1, the questions asked about whether the respondent noticed (saw) these various forms of cigarette or tobacco promotion/sponsorship, whereas in Wave 3, the questions asked whether the respondent received these forms of promotion/sponsorship.

Uruguay's ban on tobacco advertising, promotion, and sponsorship has resulted in large reductions in tobacco marketing. However, tobacco advertising and promotion continues at point of sale and through entertainment media.

The 2008 Regulations have also virtually eliminated the promotion of tobacco in Uruguay through free samples, gifts or special price offers, clothing, and brochures. One and a half years prior to the 2008 ban on tobacco promotion, 8% of smokers noticed or saw free samples in the last 6 months. In 2010-11 (2.5 years post-ban), 3% of smokers used or received free samples. In 2010-11 (2.5 years post-ban), 3% received free samples of cigarettes. In 2006 (1.5 years pre-ban), less than one-quarter (17%) of smokers reported noticing special price offers for cigarettes in the last 6 months. In 2010-11 (2.5 years post-ban), fewer than 1% of smokers received special price offers for cigarettes. In 2006 (1.5 years pre-ban), 17% of smokers noticed clothing with a cigarette brand name or logo. In 2010-11 (2.5 years post-ban), less than 1% of smokers reported receiving clothing or other items with a cigarette brand logo.

Uruguayan smokers support complete bans on the promotion of tobacco products. In 2010-11, more than half (52%) of smokers “strongly agreed” or “agreed” that tobacco companies should not be allowed to promote cigarettes at all.



*Duty-free shopping bag from Uruguay shows how colours are used to market tobacco products*

## Conclusions

Findings from the ITC Uruguay Wave 1 to 3 Surveys (2006-11) demonstrate that the implementation of restrictions on advertising, promotion, and sponsorship, has resulted in a large reduction of tobacco marketing through advertising campaigns and event sponsorship and tobacco promotion. However, smokers continue to be exposed to tobacco marketing at point of sale locations and through different forms of entertainment media, venues that are currently not covered under the 2008 Smoking Control Regulations.

## EDUCATION, COMMUNICATION, AND PUBLIC AWARENESS

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Article 12 of the FCTC requires Parties to promote and strengthen public awareness of tobacco control issues using all available communication tools. Parties are required to provide broad access to public awareness programs on the health risks of tobacco use and exposure to tobacco smoke, including the addictive characteristics of tobacco consumption and the benefits of cessation.

In 2006, Uruguay launched several media campaigns to coincide with the implementation of the smoke-free law (described on p. 15). These campaigns aimed to enhance public understanding of the harms of second-hand smoke, to promote support for the smoke-free law, and to encourage smokers to quit. There were no national-level, sustained media campaigns in Uruguay after 2006 with the exception of occasional (less than annual) media messages to promote World No Tobacco Day themes.

The ITC Uruguay Wave 1 to 3 Surveys (2006-11) assessed the salience of public awareness campaigns across a variety of media and sources that focused specifically on providing information about: 1) the harms of cigarette smoke, 2) not smoking in enclosed areas, and 3) quitting smoking. The Surveys also assessed perceived influence of anti-smoking campaigns on social norms and likelihood of quitting, as well as knowledge of specific health effects caused by smoking and exposure to second-hand smoke.

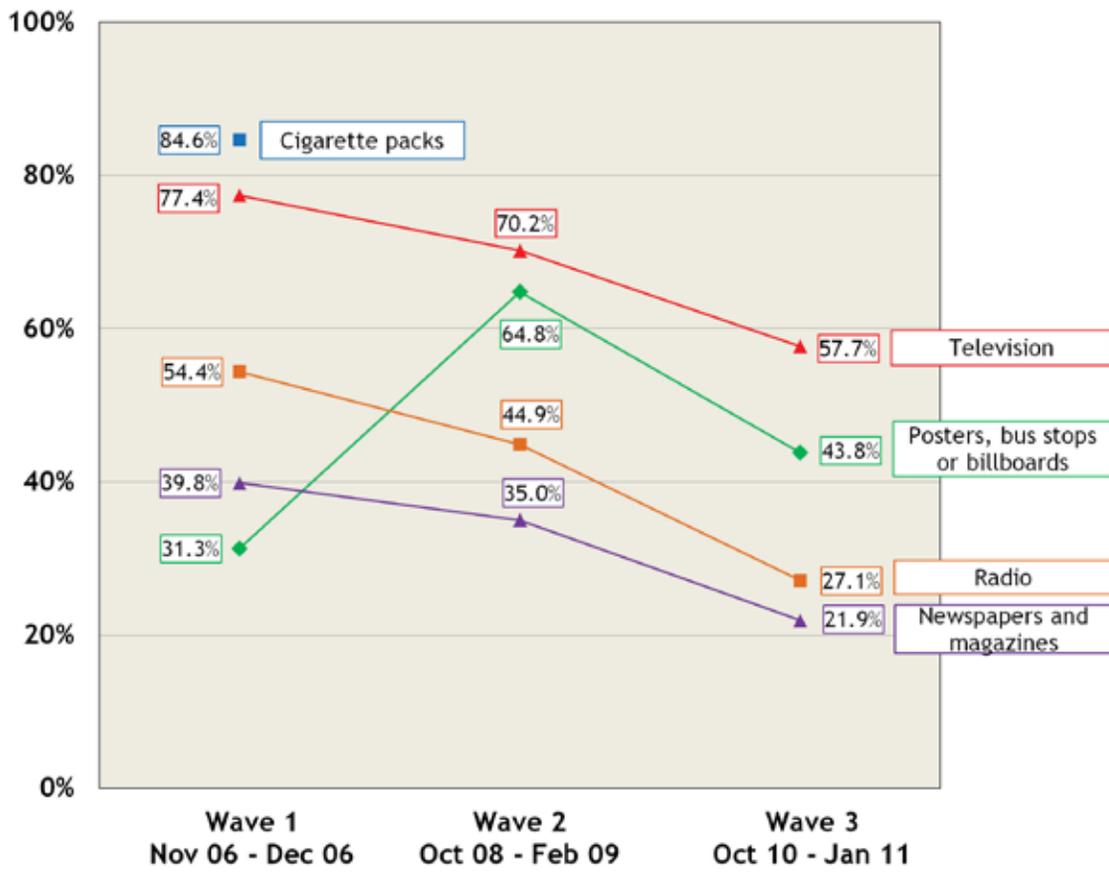
### Sources of Information on the Harms of Cigarette Smoke

At Wave 1 (2006), smokers were asked if they had noticed advertising or information about the dangers of smoking, or that encouraged quitting in the last 6 months, and to report the media or venues where they noticed such information. Cigarette packs were the most common source of this type of information – more than four out of five (85%) smokers identified packs as a source of anti-smoking information (see Figure 22).

At Waves 2 (2008-09) and 3 (2010-11), smokers were asked to report the last time they saw or heard an information campaign about the harms of cigarette smoke on television, radio, in newspapers or magazines, and on posters, bus stops, or billboards. At both waves, television was the most common source of information in the last 6 months (70% of smokers at Wave 2; 58% at Wave 3;), followed by posters, bus stops, or billboards (65% at Wave 2; 44% at Wave 3), radio (45% at Wave 2; 27% at Wave 3), and newspapers and magazines (35% at Wave 2; 22% at Wave 3).

The results show an overall decline in the presence of campaigns on the harms of cigarette smoke over time. Between Wave 1 (2006) and Wave 3 (2010-11), there was decrease in the percentage of smokers who noticed advertising or information on television (20% decrease), radio (27% decrease), and in newspapers or magazines (18% decrease). Although there was an increase in the percentage of smokers who noticed information on posters, billboards, and bus stops (34% increase) from Wave 1 (2006) to Wave 2 (2008-09), this percentage then decreased to 44% of smokers (21% decrease) at Wave 3 (2010-11). These findings are not surprising given that there were no large, national-level media campaigns on the harms of cigarette smoke in Uruguay after Wave 1 (other than pictorial warnings, which were not assessed as a source of information in Waves 2 and 3).

Figure 22. Percentage of smokers who saw campaigns on the harm of cigarette smoke in the last 6 months, by wave\*

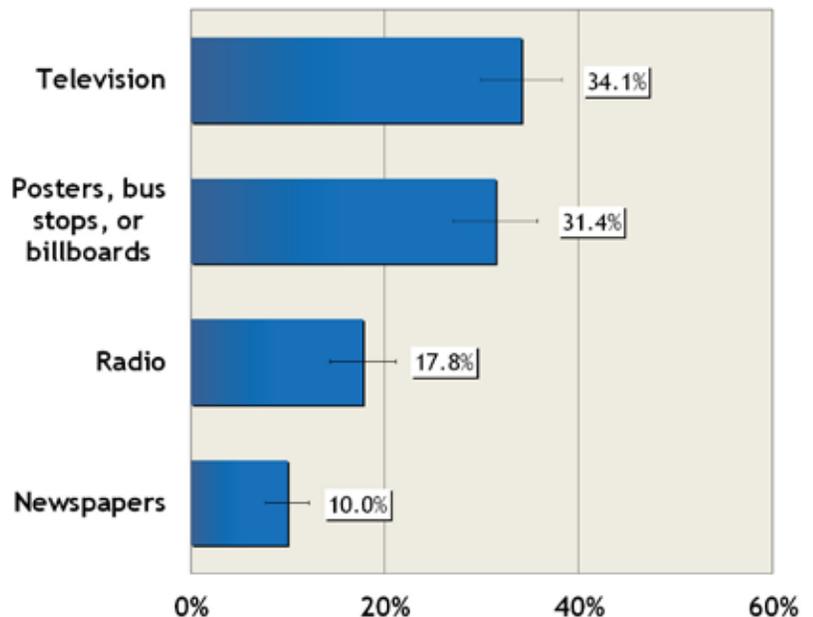


\* In Wave 1, the questions asked about noticing advertising or information that talks about the dangers of smoking OR encourages quitting.

## Sources of Information that Promote Not Smoking in Enclosed Areas

At Wave 3 (2010-11), smokers were asked to report the last time they noticed a campaign that promoted not smoking in enclosed areas on television, radio, in newspapers or magazines, and on posters, bus stops, or billboards. The results indicated a lower presence of such campaigns in comparison to campaigns on the harms of cigarette smoking as reported above. Approximately one in three smokers (34%) reported that they had seen such smoke-free campaigns on television in the last 6 months. Fewer smokers reported noticing smoke-free campaigns on posters, bus stops or billboards (31%), radio (18%), or in newspapers or magazines (10%) (see Figure 23).

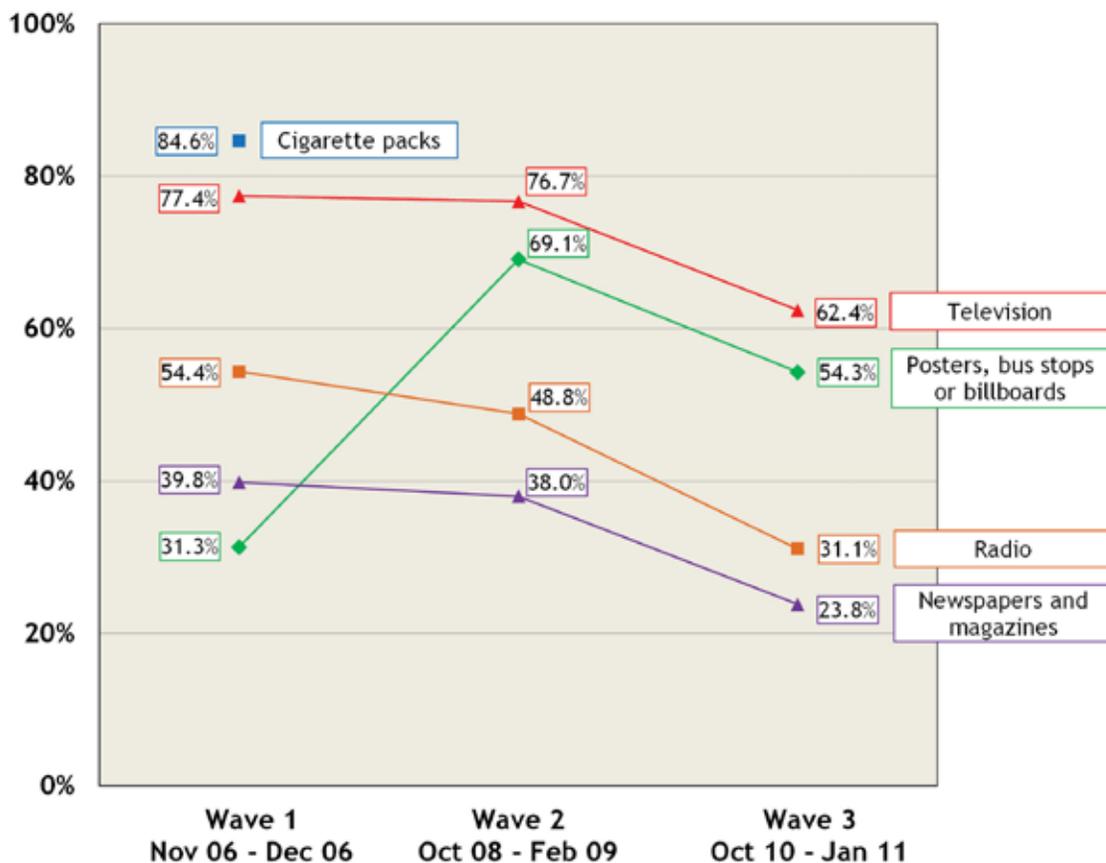
Figure 23. Percentage of smokers who saw campaigns that promoted not smoking indoors in the last 6 months, Wave 3 (2010-11)



## Sources of Information that Promote Quitting

At Wave 1 (2006), smokers were asked if they had noticed advertising or information about the dangers of smoking, or that encouraged quitting in the last 6 months, and to identify the media or venues where they noticed such information. As indicated earlier, cigarette packs were the most common source of this type of information, with more than four out of five (85%) smokers identifying packs as source of information on quitting (see Figure 24). At Waves 2 and 3, smokers were asked to report the last time they saw or heard an information campaign that recommended quitting smoking on television, radio, in newspapers or magazines, or on posters, bus stops, or billboards. The trends in noticing information from these sources were similar to those observed for other anti-smoking campaigns. Television was the most common source of such campaigns, but decreased in prominence at Waves 2 and 3 (77% at Wave 1, 77% at Wave 2; 62.4% at Wave 3). Posters, bus stops, and billboards were the next most common source of information, increasing from (31%) of smokers at Wave 1 to (69%) at Wave 2, then decreasing to just more than half (54%) of smokers at Wave 3. Radio campaigns also became less frequent between Wave 1 to 3, decreasing from approximately half of smokers at Wave 1 (54%) and Wave 2 (49%) to one-third (31%) of smokers at Wave 3. Newspapers and magazines were the least common source of information on quitting, decreasing in prominence from (40%) of smokers at Wave 1 to (38%) at Wave 2 and (24%) of smokers at Wave 3. These findings provide evidence of the impact of the decline in national-level campaigns on quitting after 2006.

**Figure 24. Percentage of smokers who saw campaigns that encourage quitting in the last 6 months, by wave\***



\* In Wave 1, the questions asked about noticing advertising or information that talks about the dangers of smoking OR encourages quitting.



## Influence of Anti-Smoking Campaigns on Social Norms and Likelihood of Quitting

One of the objectives of anti-smoking campaigns is to make smoking less socially acceptable, which may then encourage smokers to quit. The ITC Uruguay Wave 1 to 3 Surveys (2006-11) asked smokers whether advertising about the dangers of smoking or encouraging quitting has made smoking less socially acceptable. At Wave 3 (2010-11), almost one-third of smokers (31%) said that advertising has made smoking “a lot” less socially acceptable. This was an increase compared to Wave 1 (2006; 26%) and Wave 2 (2008-9; 23%).

Respondents were also asked whether anti-smoking advertising has made it “very likely”, “somewhat likely”, or “not more likely” that they will quit smoking. Across all three waves, a minority of smokers (15% at Wave 1; 12% at Wave 2; 16% at Wave 3) reported that anti-smoking advertising has made it “very likely” that they will quit smoking. For approximately one-quarter of smokers (27% at Wave 1; 20% at Wave 2; 25% at Wave 3), anti-smoking advertising has made it “somewhat likely” that they will quit smoking.



## Awareness of the Harms of Smoking to Smokers' Health

The majority of smokers in Uruguay are aware that smoking causes various diseases and negative health outcomes. At Wave 3 (2010-11), more than three-quarters of smokers believed that smoking causes lung cancer (97%), stained teeth (95%), mouth cancer in smokers (84%), heart disease (82%), impotence in male smokers (76%), and premature aging (77%) (see Figure 25 and Figure 17 on p. 38 for discussion of trends in the context of pictorial warning labels). However, awareness that smoking can cause strokes is still lower than it is for other smoking-related health conditions or diseases. At Wave 3 (2010-11), only 54% of smokers were aware that smoking causes strokes in smokers.

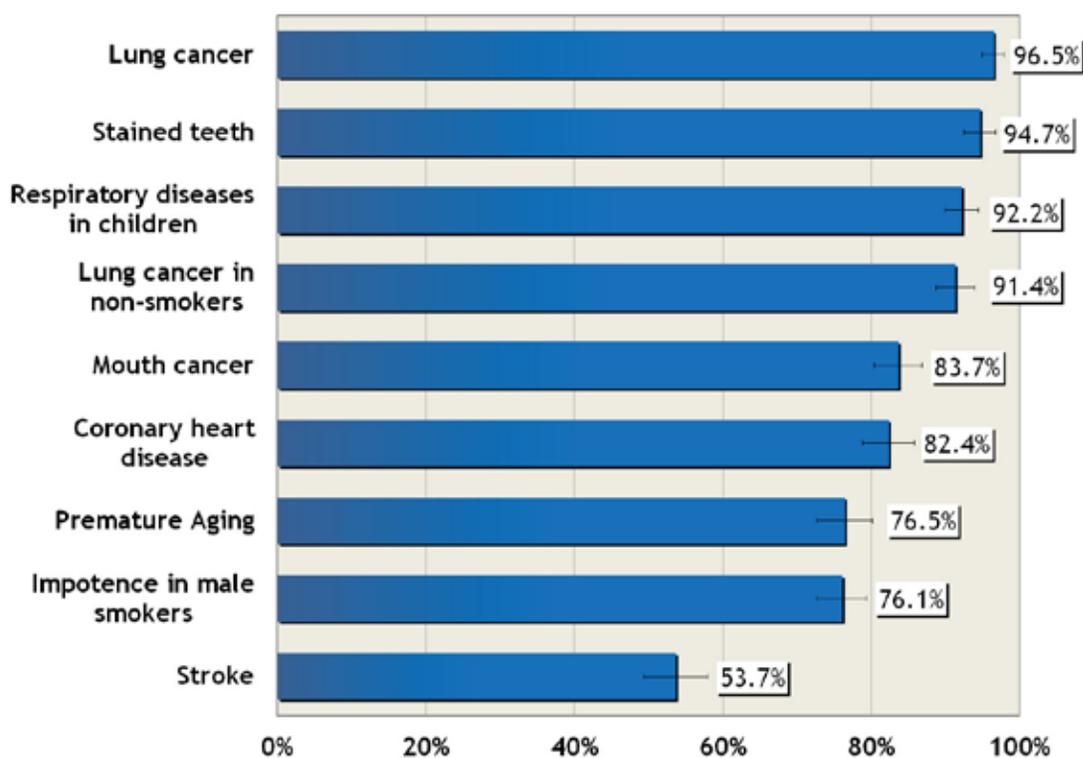


## Awareness of the Harms of Smoking to Non-smokers' Health

Although the salience of anti-smoking media campaigns has decreased from Wave 1 to Wave 3, corresponding with the decline in campaigns since 2006, smokers are still aware of the harms of smoking and of second-hand smoke. For example, across all three waves, nearly all smokers (96% at Wave 1; 97% at Wave 2; 95% at Wave 3) “strongly agreed” or “agreed” that cigarette smoke is dangerous to non-smokers. At Wave 3 (2010-11), almost all smokers (93%) “strongly agreed” or “agreed” that children who breathe tobacco smoke have more respiratory diseases, and 91% were aware that exposure to second-hand smoke causes lung cancers in non-smokers.

# Uruguayan smokers are well-informed of the harms of second-hand smoke exposure to non-smokers' health.

Figure 25. Percentage of smokers who believe that smoking causes the following health conditions or outcomes, Wave 3 (2010-11)



## Conclusions

Overall, findings from the ITC Uruguay Survey (Waves 1 to 3, 2006-11) indicate that the lack of large-scale, national level media campaigns on the harms of smoking and the benefits of quitting since 2006 has resulted in a measurable decline in smokers' awareness of such campaigns. It appears that the 2006 campaign information that was conveyed through posters, bus stops, and billboards had a more sustained presence than that of information conveyed through other media sources. Despite the overall decrease in salience of all sources of campaign information after Wave 2 (2008-09), the majority of smokers are aware of the health risks of cigarette smoke and the dangers of exposing non-smokers to second-hand smoke. However, there is still a lack of awareness among smokers of the link between smoking and stroke.

Findings from the Wave 1 Survey (2006) provide evidence that cigarette packs with pictorial health warnings are the most visible form of anti-smoking information. Sustained funding for ongoing anti-smoking campaigns, in addition to strong pictorial warnings are recommended to address specific gaps in knowledge of the harms of cigarette smoking.

## TOBACCO PRICE AND TAXATION

Increasing tobacco excise taxes and prices is widely recognized as the most effective tobacco control measure, and Article 6 of the FCTC obligates Parties to adopt pricing and taxation measures in order to reduce tobacco consumption. Article 15 of the FCTC also requires Parties to implement effective measures against all forms of illicit trade of tobacco products, which can undermine the effectiveness of price and tax policies.

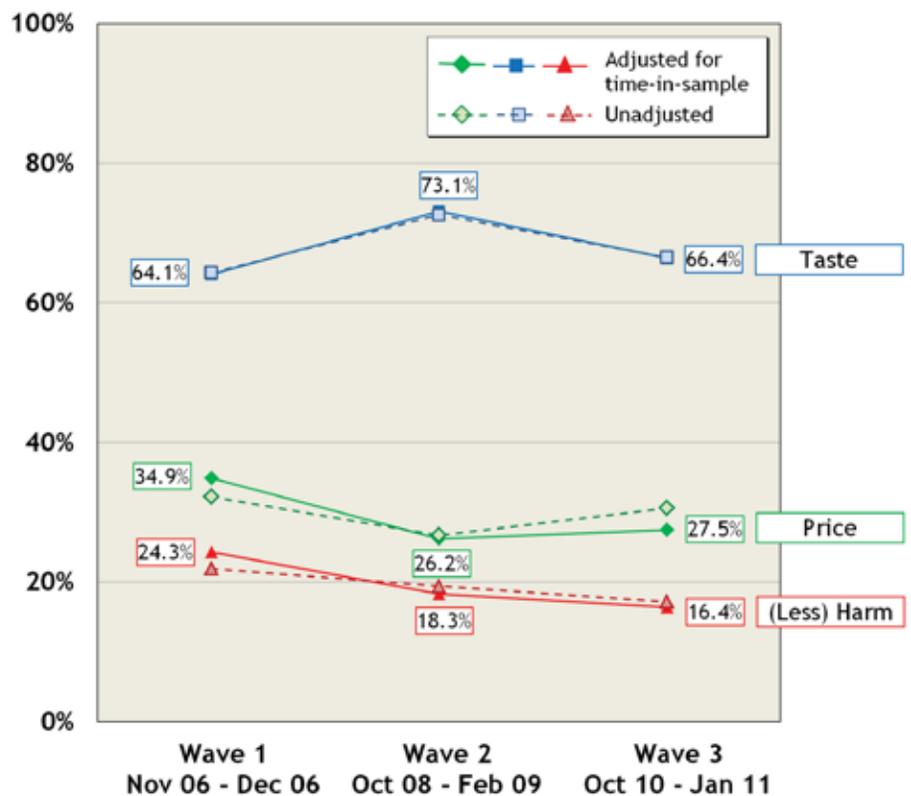
Uruguay has imposed several tax increases on tobacco products since ratifying the FCTC in 2004, with tax increases occurring between each wave of the ITC Surveys. Current tobacco taxes makes up 72.3% of the retail price, which is very high for the region. However, there is no marking system in place in Uruguay to assist in identifying the origin of tobacco products, despite evidence that the country receives illegal tobacco from Paraguay.

The ITC Uruguay Surveys assessed the extent to which the price of cigarettes influences smokers' brand selection and thoughts about quitting, as well as their perceptions of the costs of smoking. Smokers were also asked about where they last purchased their cigarettes and whether or not standard warning labels were in place on their package, as a way of identifying possible illicit cigarette trade.

### Price and Brand Choice

Across all three survey waves, only about a third of smokers (35% at Wave 1; 26% at Wave 2; 28% at Wave 3) indicated that cigarette price was a factor in choosing their current brand (see Figure 26). While price was a slightly more common factor influencing brand choice compared to health (16% at Wave 3), it was much less frequently cited than the taste of the cigarettes (66% at Wave 3).

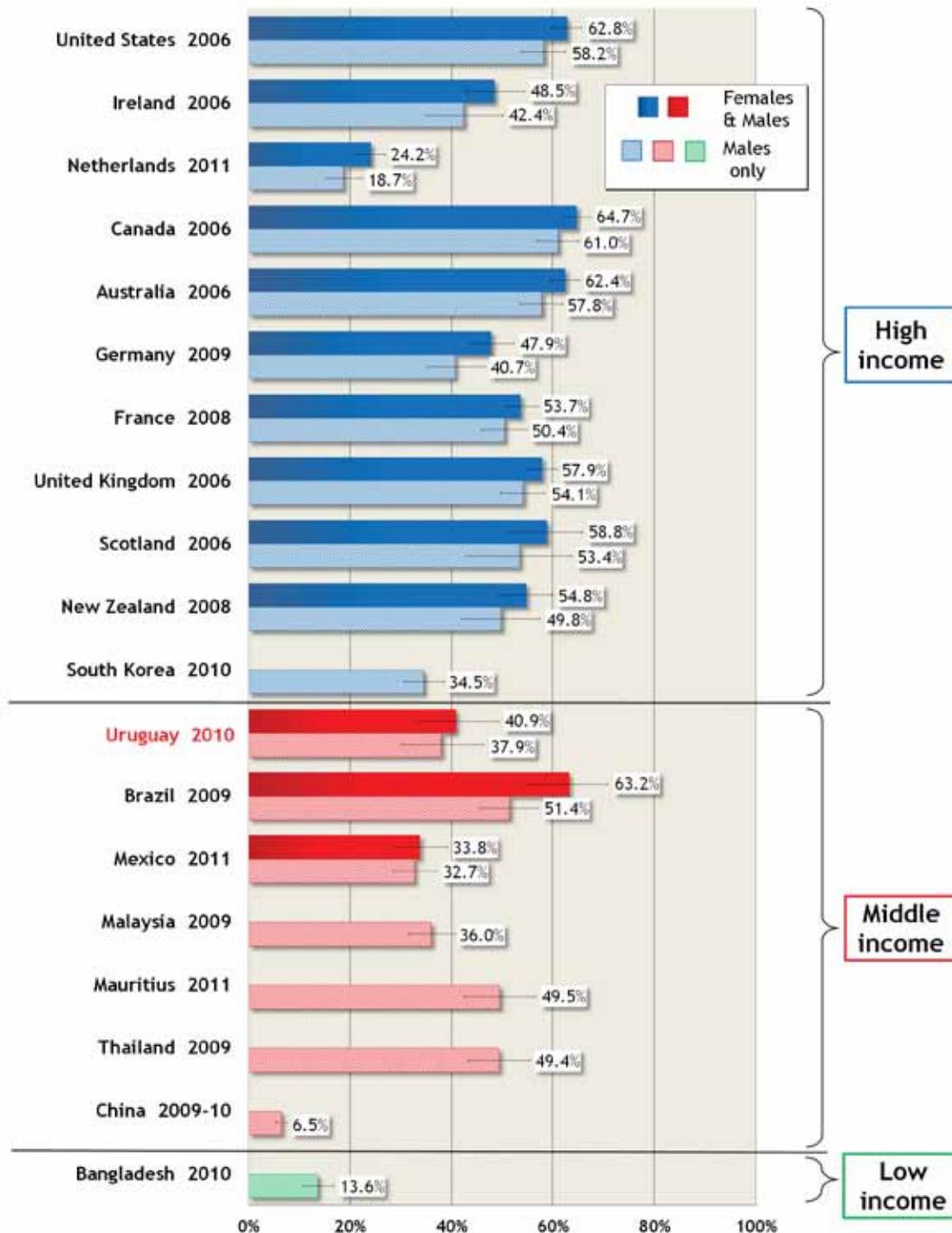
Figure 26. Percentage of smokers who thought about the taste, (less) harm, and price when they chose their brand, by wave



## Concern about Money Spent on Cigarettes

The majority of smokers agree that they spend a lot of money on cigarettes. At Wave 3, 89% of smokers “agreed” or “strongly agreed” that they spend a lot of money on cigarettes, which is an increase from Wave 2 (82%) and Wave 1 (78%). However, considerably fewer smokers indicated that they often think about their money spent on cigarettes. In Montevideo, only about 40% of smokers who were recontacted at Wave 2 (41%) and Wave 3 (39%), reported that they “often” or “very often” thought about the money they spend on smoking in the last month. This is considerably lower than in Brazil, where almost two-thirds (63%) of smokers “often” or “very often” thought about the money they spent on smoking in the last month (see Figure 27).

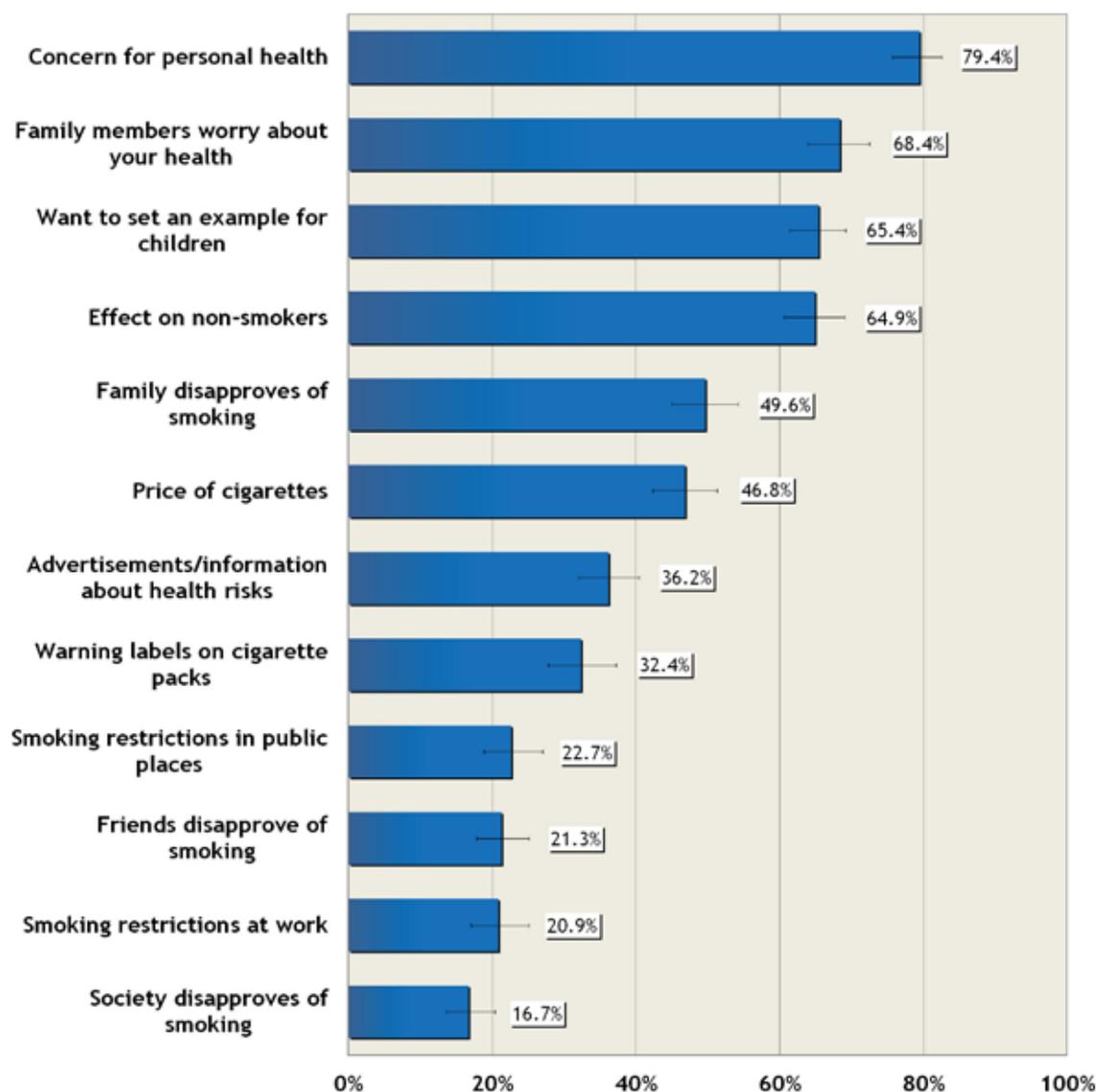
**Figure 27. Percentage of smokers who thought “often” or “very often” about the money they spent on smoking in the last month, by country**



## Price as a Reason to Quit Smoking

The ITC Survey provides a list of possible reasons for thinking about quitting smoking, and for each item, smokers (regardless of whether they reported intending to quit) were asked how much it led them to think about quitting (“not at all”, “somewhat”, or “very much”) in the last 6 months. Around half of smokers responded that price made them think about quitting “somewhat” or “very much” (54% at Wave 1; 43% at Wave 2; 47% at Wave 3). While price was more often cited as a reason for thinking about quitting than other tobacco control policies at Wave 3, including smoking restrictions, warning labels, and advertisements or information about the risks, it was less commonly cited than family disapproval (50%), concern about the effect of smoke on non-smokers (65%), wanting to set an example for children (65%), family members worrying about your health (68%), and concern for personal health (79%) (see Figure 28).

**Figure 28. Percentage of smokers who thought about various reasons to quit “somewhat” or “very much” in the last 6 months, Wave 3 (2010-11)**



## Cigarette Affordability

The ITC Uruguay Survey asked smokers: “In the last 6 months, have you spent money on cigarettes that should have been spent on food or other essentials?”. Across the three waves, about a quarter of smokers responded “yes”, with the percentage slightly increasing over time (19% at Wave 1; 24% at Wave 2; 25% at Wave 3).

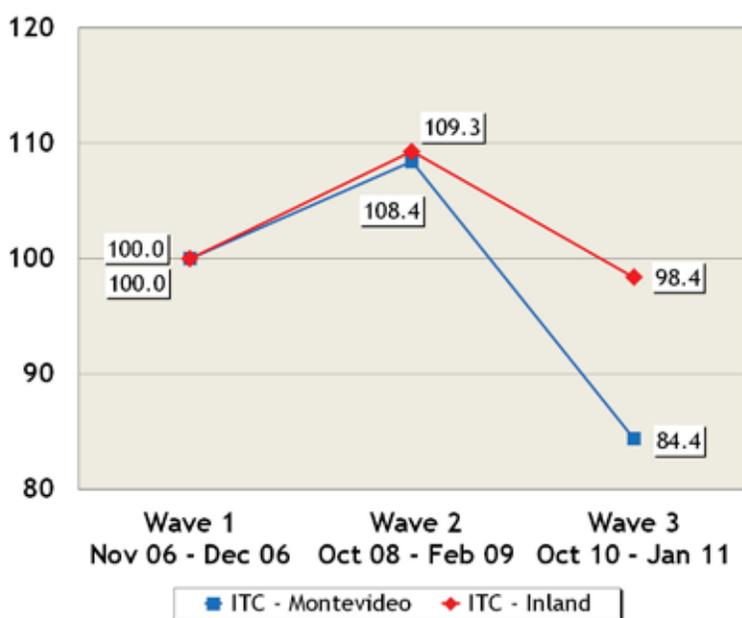
Data from the ITC Surveys also allows for an analysis of cigarette affordability, which refers to the quantity of resources (or income) that is required to purchase a pack of cigarettes. Higher affordability, for example, means that the price of a pack of cigarettes would require a lower percentage of one’s daily income.

An Affordability Index was constructed using ITC Uruguay data to determine the change in cigarette affordability between Wave 1 (2006) and Wave 3 (2010-11). This analysis took into account ITC data on price paid for the most recent cigarette purchase, type of brand purchased (legal vs. contraband), and national household income data from INE Uruguay (National Statistics Institute). The results show that affordability increased between Wave 1 (2006) and Wave 2 (Oct 2008- Feb 2009), but then decreased between Wave 2 and Wave 3 (2010-11) (see Figure 29).

Between Wave 1 and Wave 2, cigarettes became more affordable to consumers: there was a 9.7% increase in the affordability index for legal and contraband cigarettes in Montevideo, and a 9.3% increase in affordability in the inland cities. This increase was likely due to strong growth in mean real income (a 14.8% increase across Uruguay) while cigarette price increases were not high enough to offset income growth. In Montevideo, legal cigarette prices increased by 23% from Wave 1 to Wave 2, and contraband prices increased by 30%. In the inland cities, legal cigarette prices increased by 29% and contraband cigarettes increased by 31%.

However, cigarettes became less affordable between Wave 2 and Wave 3; the affordability index for legal and contraband cigarettes decreased by 21% in Montevideo and by 11% in the inland cities. This was likely due to strong tax and price increases on tobacco products in late 2009 and early 2010. At Wave 3, the average (nominal) price per pack of cigarettes in Montevideo increased by 49% for legal cigarettes and 33% for contraband cigarettes. In inland cities, the prices increases were slightly lower — average (nominal) price per pack increased by 39% for legal brands and 31% for contraband cigarettes. There was also slower income growth during this period (3% increase in mean real income across Uruguay).

**Figure 29. Cigarette Affordability Index in Uruguay, by wave**

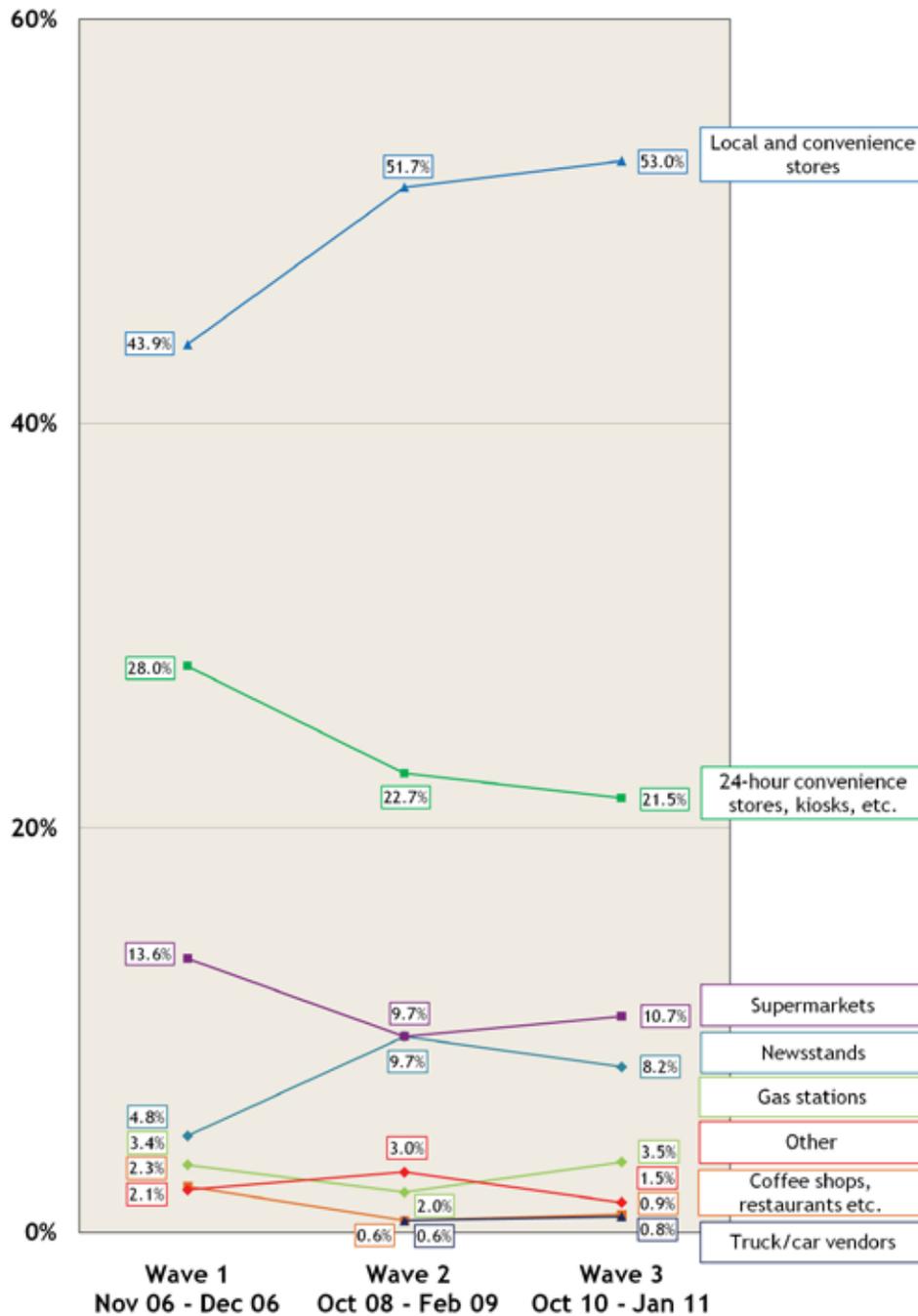


*While cigarettes became less affordable between Waves 2 and 3 due to strong price and tax increases on tobacco products, further increases in price and tax would be necessary in order to achieve dramatic reductions in smoking prevalence by 2025.*

# Tax Avoidance

Tax avoidance involves legal purchasing behaviour with the objective to pay less or no taxes, such as cross-border shopping, duty-free shopping, and internet purchases. While less than one quarter of smokers tried to find cigarettes that are cheaper than normal in the last 6 months across the three waves (16% at Wave 1; 15% at Wave 2; 20% at Wave 3), analysis of data on where smokers last purchased their cigarettes showed no evidence of tax avoidance through purchasing from a duty-free shop, outside their country of residence, or from the internet. Across Waves 1 to 3, the majority of smokers reported that their last purchase was at a local or convenience store (44% at Wave 1, 52% at Wave 2, and 53% at Wave 3), followed by 24 hour convenience stores, kiosks, etc. (28% at Wave 1, 23% at Wave 2, and 22% at Wave 3), and supermarkets (14% at Wave 1, 10% at Wave 2, and 11% at Wave 3) (see Figure 30).

**Figure 30. Percentage of smokers reporting purchasing cigarettes from specific sources at last purchase, by wave\***

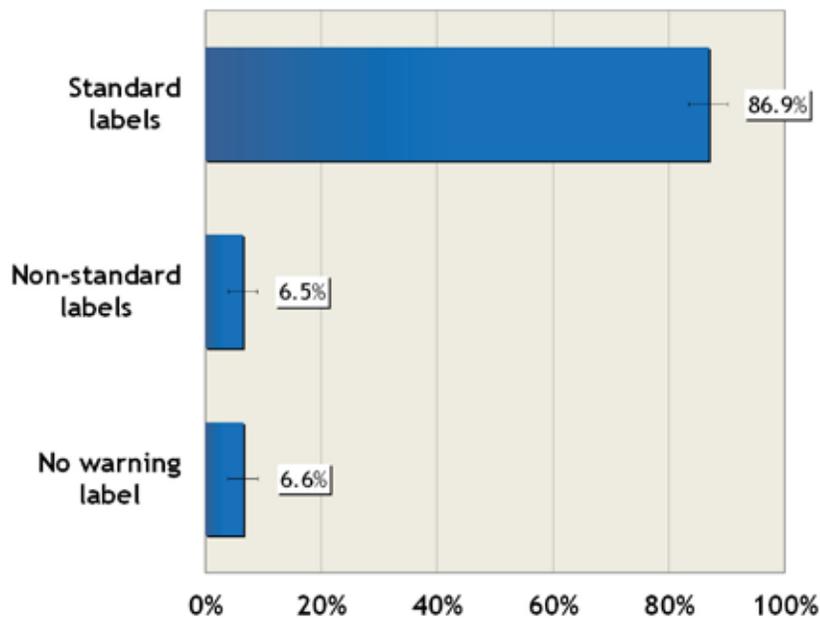


\* Sources with no purchases are not included in the graph (i.e., duty free, internet, outside the country etc.)

## Tax Evasion

Tax evasion involves illegal methods of avoiding tobacco taxes, such as illicit trade or production of genuine or counterfeit tobacco products. The ITC Uruguay Wave 3 Survey asked respondents to show the interviewer a pack of their usual brand and asked whether the health warning label on the pack is standard, non-standard, or has no label. Non-standard labels or the absence of a label can be indicative of an illicit product and therefore tax evasion. While the majority of respondents reported that a standard warning label was on their pack, about 7% of respondents at Wave 3 indicated that their pack contained a non-standard warning label, and another 7% reported that there was no warning label on their pack (see Figure 31).

**Figure 31. Percentage of smokers' cigarette packs showing evidence of possible tax avoidance/evasion, Wave 3 (2010-11)**



## Conclusions

Uruguay has implemented several tax increases over the three waves of ITC surveys, and their current taxes on tobacco products are quite high. Most measures of price and tax effectiveness from the ITC Uruguay Surveys indicate increasing effectiveness of price policies over the three waves, and at the most recent wave, the majority of smokers agree that they spend a lot of money on cigarettes and about half of smokers say that the price of cigarettes has led them to think about quitting.

However, ITC affordability analyses indicate that cigarettes have become slightly more affordable over the last three waves, which suggests that the price increases have not been high enough to offset income growth in Uruguay. In addition, only about one quarter of smokers said that money they spend on cigarettes diverts from essential household expenditures, and only about 40% report that they often think about the money they spend on smoking, which suggests that there is still room for further price increases on tobacco products in Uruguay.

While there was little evidence of tax avoidance from smokers, there was some evidence of tax evasion or illicit cigarette trade, as 14% of smokers reported that their cigarette pack had either no warning label or a non-standard warning label. This points to the need for stronger regulations designed to prevent illicit cigarette trade, such as requiring markings or excise stamps on packages.

# CONCLUSIONS AND IMPLICATIONS OF THE FINDINGS

The government of Uruguay has demonstrated strong commitment to reducing smoking through the implementation of leading edge tobacco control measures. The Wave 1 to Wave 3 Surveys (2006-2011) provide evidence to demonstrate the effectiveness of Uruguay's National smoke-free policy, tobacco advertising and promotion ban, and strong packaging and labelling policies including pictorial warnings on 80% of the front and back of the pack and requirements that each tobacco brand have only one form of presentation. The Survey also identified areas where stronger policy implementation is needed, such as tobacco price and taxation. This section identifies successes and challenges in tobacco control policy implementation in Uruguay, and provides key recommendations to further strengthen tobacco control in Uruguay.

## Smoking and Quitting Behavior

### Successes

More than 70% of smokers in Uruguay regret taking up smoking and have made quit attempts. Between 2006 and 2011, more than two-thirds of smokers have tried to quit at some point in time. In addition, the percentage of smokers with overall negative opinions about smoking has increased over these five years.

Health warning labels and advertising and information about the harms of tobacco became more prominent reasons to think about quitting.

Access to smoking cessation aids in Uruguay has improved since 2006, with smokers' reported use of stop-smoking medications increasing from 7% in 2006 to 17% in 2010-11. The majority of smokers in Uruguay support stronger government action to address the harms of smoking.

### Challenges

Less than a quarter of smokers in Uruguay have plans to quit in the next 6 months. Smokers do not widely perceive that society disapproves of smoking. As such, few smokers consider societal disapproval of smoking as a reason to quit. Low levels of perceived negativity about smoking in Uruguay presents a challenge for creating a supportive environment for quitting.

Health care services are the most common source of information for smokers about quitting. However, only approximately half of smokers who visit a doctor or health professional are receiving advice to quit. Smokers are not currently well connected to cessation services offered through their physicians or telephone quitlines.

## Recommendations

- Continue to implement and strongly enforce tobacco control policies that will facilitate the development of social environments that are supportive of quitting.
- Implement well-funded mass media campaigns on the harms of smoking and secondhand smoke to support smoke-free environments that are beneficial for smokers who are trying to quit and to denormalize smoking behaviour.
- Improve the provision of cessation assistance in primary health care settings, and increase public awareness of telephone quitline services that are already advertised on all cigarette packs.

## Smoke-free Public Places and Workplaces

### Successes

Since the implementation of the 2006 Regulations in Uruguay, support for comprehensive smoke-free policies in all public places has continued to increase among smokers. At Wave 3 (2010-11) more than 90% of smokers “strongly agreed” or “agreed” that customers and employees have the right to breathe smoke-free air in public places and that smoking bans in indoor public places and workplaces are beneficial to people’s health.

Consistent with findings in other ITC countries, the prevalence of smoke-free homes increased following the implementation of comprehensive smoke-free legislation (from 18% in 2006 to 29% in 2010-11). There is high compliance with smoking bans in restaurants and cafés – less than 7% of smokers reported noticing smoking in these public venues from 2008 to 2011.

### Challenges

Although Uruguay implemented comprehensive smoke-free legislation in 2006, nearly one-quarter of smokers still observed smoking in their workplaces in 2010-11.

The prevalence of smoke-free homes is also lower in Uruguay than it is in other Latin American ITC countries (Mexico and Brazil) that do not have comprehensive smoke-free laws in effect.

### Recommendations

- Implement stronger enforcement of the 2006 smoke-free regulations for indoor workplaces.
- Support smoke-free policies with media campaigns that emphasize the harms of exposure to second-hand smoke in home environments where adults and children spend a large proportion of their time.

*Continued on page 61*

# Packaging and Labelling

## Successes

Uruguay's leadership in implementing strong pictorial warnings through 4 rounds of warnings of increasing size and emotional intensity between 2006-11 has increased smokers' responses to the labels in ways that indicate greater label effectiveness. The implementation of Round 3 and 4 warnings which increased the label size from 50% (Round 2) to 80% of the front and back of the pack and depicted the health and emotional consequences of smoking through graphic rather than symbolic images resulted in increases in smokers noticing and reading the warnings, thinking about the harms of smoking and quitting, avoiding looking at the warning labels, and reports of warnings stopping them from having a cigarette.

Uruguay's ban on multiple brand presentations has also been effective in reducing smokers' false beliefs about the relative harm of cigarettes. After the ban was implemented in 2010 (after Wave 2), the percentage of smokers who believed that "light" cigarettes are less harmful, less addictive, and make it easier to quit decreased from 2008-09 (Wave 2), when only a ban on misleading descriptors was in place.

## Challenges

Symbolic health warning labels on cigarette packages (Round 1 and 2) were less effective in terms of getting smokers to notice health warnings, and encouraging them to think about the health risks of smoking and the possibility of quitting. There have been significant improvements to warning label effectiveness following the introduction of larger, more graphic pictorial health warnings in 2009 (Round 3 and 4). Pictorial warning labels have also played an important role in educating smokers about the health risks of smoking. However, there is still a need to increase smokers' awareness about the effects of smoking on certain health outcomes (e.g., stroke, premature aging).

Packaging and labelling of tobacco products that align with FTC requirements and prevent the tobacco industry from falsely promoting a safer product to consumers are an essential component of a national strategy to reduce tobacco use. Current regulations for the packaging and labelling of tobacco products in Uruguay are among some of the strongest in the world. The recent lawsuit that was launched against the Government of Uruguay by Phillip Morris International (PMI) represents an attempt to undermine the efforts that Uruguay has made to protect its citizens against the harmful effects of tobacco use.

## Recommendations

- The Government of Uruguay should continue to rotate and refresh pictorial warnings frequently in order to prevent potential wear-out effects over time.
- Increase the scope of health outcomes that are addressed by pictorial warning labels, and target smoking-related diseases and health conditions for which health knowledge is low, such as stroke.
- Implement enhancements to warning labels to go beyond the FTC minimum standards in order to increase their effectiveness. Uruguay may wish to review the new set of 16 pictorial health warnings implemented in Canada as of March 21, 2012 (See <http://www.tobaccolabels.ca/healthwarningimages/country/canada>). These new Canadian warning labels include several images that focus on the human suffering associated with tobacco-related diseases, 8 new color- and graphic-enhanced health information messages that appear on the inside of packs, and 4 new toxic emissions statements that appear on the side of packs.
- Implement plain packaging in order to limit the use of deceptive marketing tactics by the tobacco industry.

# Tobacco Advertising, Promotion, and Sponsorship

## Successes

The ITC Uruguay Survey findings provide evidence that efforts to ban tobacco advertising and sponsorship in Uruguay have been successful. Prior to the advertising ban, 31% to 83% of smokers reported noticing tobacco advertising across different venues (e.g., bus stops, coffee shops, restaurants, bars) and media (e.g., television, radio, print). Three years after the implementation of the advertising ban, significant reductions in tobacco advertising have been achieved, with less than 20% of smokers noticing tobacco advertising in venues and through media that are specified under the 2008 Regulations.

There has been a high level of compliance with sponsorship bans, as indicated by the low prevalence of event sponsorship by the tobacco industry from 2008 to 2011.

## Challenges

Smokers in Uruguay continue to be exposed to tobacco advertising in the entertainment media and at point of sale locations. In 2006 to 2011, about one-third of smokers often observed the depiction of smoking in the entertainment media, and nearly half of smokers noticed tobacco product displays in venues where tobacco is sold.

## Recommendation

Implement a comprehensive tobacco advertising ban that includes restrictions on tobacco product placement in different forms of entertainment media, and strict bans on the display and promotion of tobacco products at point of sale.

*Continued on page 63*

# Education, Communication, and Public Awareness

## Successes

Although the overall presence of mass media campaigns has decreased between 2006 and 2011, efforts to promote and strengthen public awareness on the harmful effects of smoking and exposure to second-hand smoke have been highly successful in Uruguay. Virtually all smokers were aware that second-hand smoke is dangerous to non-smokers across all three survey waves. The majority of smokers were aware that smoking causes various diseases and negative health outcomes such as lung cancer, mouth cancer, and heart disease. Findings from Wave 1 indicate that cigarette packs are even more prominent than television campaigns as a source of information on the dangers of smoking and encouraging quitting.

## Challenges

Despite the success of smoke-free campaigns, the overall presence of these types of campaigns has decreased over time – in 2011, nearly half of all smokers surveyed reported the absence of smoke-free campaigns across different types of media or venues.

There is a gap in smokers' awareness that smoking can cause strokes. At Wave 3 (2010-11), just over half (54%) of smokers were aware that smoking causes strokes in smokers.

## Recommendation

The Government of Uruguay should provide support for sustained implementation of mass media campaigns to educate the public about the harms of tobacco use and the benefits of quitting.

# Tobacco Price and Taxation

## Successes

Affordability measures constructed using ITC Uruguay data indicate that cigarettes became less affordable between Wave 2 (2008-09) and Wave 3 (2010-11) due to strong price and tax increases in late 2009 and early 2010. There was also slower income growth during this period. At Wave 3, the majority of smokers agreed that they spend a lot of money on cigarettes, and about half of smokers said that the price of cigarettes has led them to think about quitting.

## Challenges

Despite having high taxes on tobacco products, the results of the ITC Uruguay Surveys suggest that the price of cigarettes is still not high enough to have a strong effect on smokers' behaviour. Only about one third of smokers at Wave 3 said that cigarette price was a factor in choosing their current brand, around one quarter of smokers said that money they spend on cigarettes diverts from essential household expenditures, and only about 40% reported that they often think about the money they spend on smoking.

## Recommendation

In order for Uruguay to achieve dramatic decreases in smoking prevalence by 2025-2030, implementing much higher taxes/prices must be a central part of the strategy. Internationally, New Zealand plans to become the first smoke-free country by 2025 by increasing tobacco taxes by 40% over the next four years, with an increase of 10% each year. The prevalence of smoking in New Zealand (20% of adults) is similar to Uruguay's and other developed countries.

Tobacco taxes (on all types of tobacco products) should continue to be increased and implemented in a way that ensures that the retail price of the product is also increased, in order to have a stronger effect in reducing cigarette affordability and consumption. The Government of Uruguay should consider dedicating a portion of tobacco tax revenue towards initiatives to prevent youth from starting to smoke and to assist smokers in quitting.

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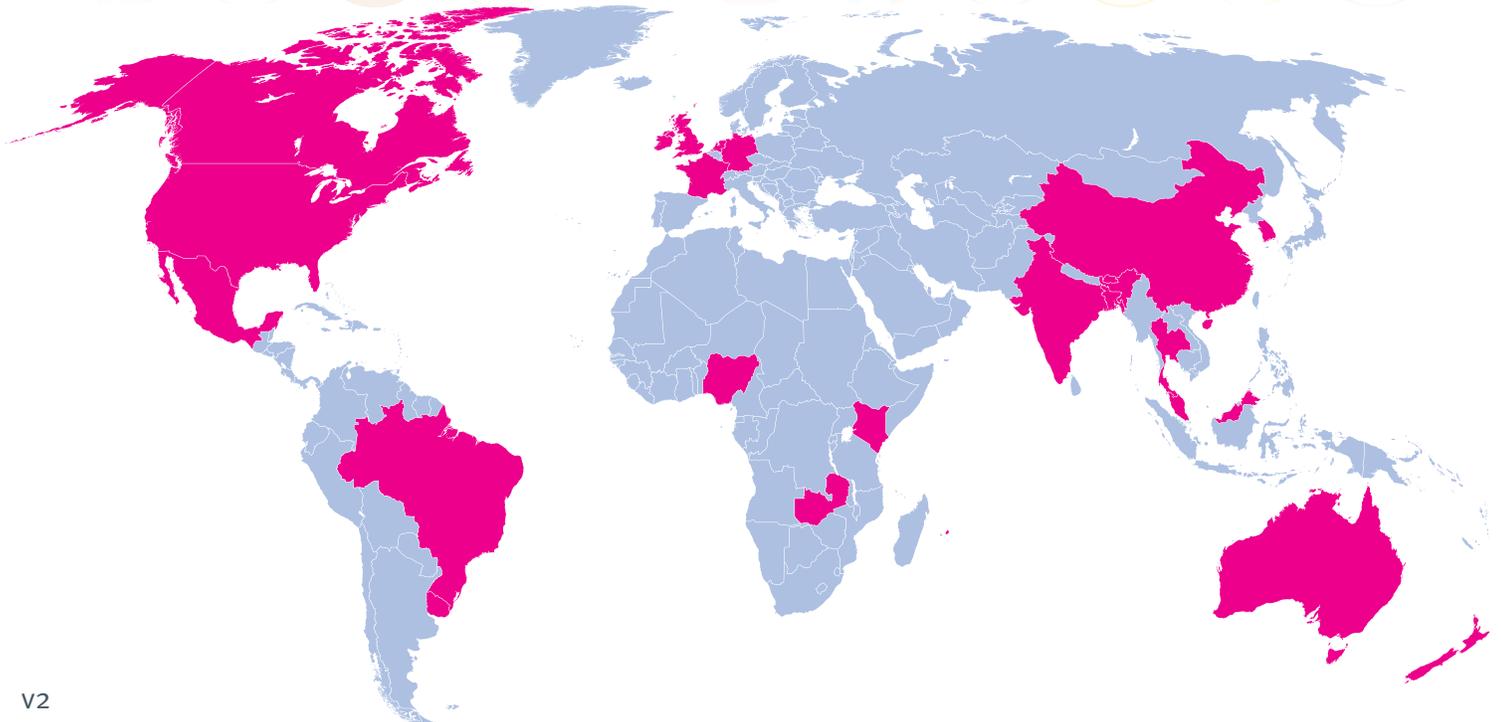
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23 countries • 50% of the world's population  
60% of the world's smokers • 70% of the world's tobacco users

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Canada  
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France

Germany  
India  
Ireland  
Kenya  
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