

The International Tobacco Control Policy Evaluation Project

ITC Uruguay National Report

FINDINGS FROM THE WAVE 1 TO 4 SURVEYS (2006-2012)

AUGUST 2014



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Findings from the ITC Uruguay Wave 1 to 4 Surveys

ITC Uruguay National Report

2006-2012

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“It’s murder. We are in an arduous fight — very arduous — and we must fight against very strong interests. Governments must not be involved in private litigation, but here we’re fighting for life. Nobody must be distracted in this fight for life, because out of all values, the most important one is life itself.”

Jose Mujica
President of Uruguay



Message

Tobacco use is the world's leading cause of preventable death, killing nearly 6 million people a year and accounting for 1 in 10 deaths among adults. Increasingly, the tobacco industry is targeting low- and middle-income countries by using deceptive marketing practices. In Uruguay, smoking has become the main cause of premature mortality. In 2004, an estimated 14% of the country's 32,000 deaths were attributable to tobacco use, including exposure to secondhand smoke.

Since 2005, our government has implemented some of the strongest measures in the world to reduce tobacco use. In 2006, Uruguay became the first smoke-free country in the America's region. In 2009, Uruguay implemented the world's largest graphic warning labels, which cover 80 percent of the front and back of the package.

Uruguay also became the first country in the world to ban multiple brand presentations in an effort to eliminate the promotion of light and mild cigarettes, which falsely lead consumers to believe that light/low tar cigarettes are less harmful. In addition, Uruguay implemented several tobacco tax increases. These measures are proven to increase public health, prevent youth from starting to smoke, and encourage smokers to quit.

We now have evidence to show that our comprehensive tobacco control policies have resulted in a substantial, unprecedented decrease in tobacco use. From 2005 to 2011, per-person consumption of cigarettes decreased by 4.3 percent per year and the adult smoking rate fell by 3.3 percent per year. From 2003 to 2009, rates of tobacco use among Uruguayan youth decreased by 8 percent per year.

This report of findings of the International Tobacco Control Policy Evaluation Project (the ITC Project) in Uruguay provides evidence of Uruguay's tobacco control policy strengths and weaknesses. The findings show that smoke-free laws have dramatically reduced smoking in public places, but that we need to strengthen compliance in workplaces. Our bans on tobacco advertising have curbed industry's attempts to promote products in places other than where bans were not currently in place, including retail environments and the entertainment media. We are pleased that a ban on tobacco advertising and the display of tobacco products at point of sale will soon be in place in Uruguay. Uruguay's large pictorial warnings have increased smokers' knowledge of smoking-related health effects and thoughts about quitting. Our warnings rank highly among ITC countries on how often they are noticed by smokers. Since the ban on misleading terminology and the single presentation law, fewer smokers have false beliefs that light cigarettes are less harmful.

The ITC Uruguay Survey tells us that a growing percentage of smokers in Uruguay support our strong stance on tobacco control and are in favour of even stronger tobacco control measures.

As Uruguay continues to fight tobacco industry challenges to our government's strong actions on tobacco control, this report prepared by CIET and the ITC Project at the University of Waterloo provides evidence that our strong policy actions are effective, but also that we need to go even further. We are prepared to continue to be at the forefront of tobacco control in the region and globally to reduce the burden of tobacco-related diseases in Uruguay and in other countries. With our efforts and those of other countries, we will together continue to combat a tobacco epidemic that will otherwise kill one billion people worldwide in this century.

Sincerely,

Dr. Susana Muñiz
Minister of Health, Uruguay

EXECUTIVE SUMMARY

Uruguay became a Party to the World Health Organization (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 2009.

The International Tobacco Control Policy Evaluation Project (the ITC Project) is a multi-country prospective cohort study conducted in more than 20 countries to measure the effectiveness of key policies of the FCTC. Between 2006 and 2012, approximately 1,400 adult smokers in Montevideo, Durazno, Maldonado, Rivera, and Salto were interviewed in four waves of a face-to-face cohort survey to evaluate the impact of Uruguay’s tobacco control policies. The survey findings provide evidence of the impact of Uruguay’s strong implementation of smoke-free and packaging and labelling policies. The findings also indicate that Uruguay needs to continue in the implementation of strong measures to curb the use of deceptive tobacco product packaging and to decrease the affordability of cigarettes. Key findings from the ITC Uruguay Wave 1 to 4 Surveys are as follows:

Smoking Behaviour

The majority of smokers (at least 90% at all four survey waves) were daily smokers. The average number of cigarettes smoked per day was approximately 16 cigarettes at each wave – similar to Brazil, but approximately double that of daily smokers in Mexico. The percentage of daily smokers who smoke factory-made cigarettes increased from 67% in 2006 (Wave 1) to 78% in 2012 (Wave 4), while the use of hand-rolled tobacco decreased from 12% at Wave 1 to 9% at Wave 4. Only 2% of smokers at each wave indicated that they had used any other product besides factory-made or hand-rolled cigarettes in the last month.

The sale of electronic cigarettes is banned in Uruguay. However, among those who had heard of e-cigarettes (35% of smokers), 8% had tried one. These findings are similar to Brazil where the sale of e-cigarettes is also banned – 35% of smokers had heard of them, and 12% had tried one.

The majority of smokers (at least 64% at all four waves) indicated that taste is the main reason they smoke their current brand. The next most commonly reported reason for choosing their brand was the price.

Approximately 60% of smokers believe that society disapproves of smoking – this is similar to Mexico and Brazil, and has remained unchanged between 2006 and 2012.

The majority of smokers (at least 64% at all four waves) indicated that taste is the main reason they smoke their current brand.

**Smokers’
belief that the
government
should do more
to remedy the
harm done
by smoking,
increased from
49% of smokers
in 2006 to 68%
in 2012.**

Smoking Cessation

Approximately two-thirds (70%) of smokers regret smoking and have tried to quit at some point in time. The percentage of smokers who made a quit attempt increased from 39% in 2010-11 to 44% in 2012. Although the percentage of smokers who are not planning to quit has steadily decreased from 40% in 2006 to 31% in 2012; few smokers have immediate quit plans as more than half (54%) plan to quit sometime in the future, beyond 6 months. Between 2006 and 2012, 16.1% of the sample in Montevideo and 16.3% of the sample in the Inland cities had quit smoking.

The majority of smokers (95% in 2012) were aware of medications to help with cessation, including nicotine gum or patches, and stop-smoking pills. Use of stop-smoking medications among those who have heard of them has increased from 5% in 2008-09 to 17% in 2012. At Wave 4, of smokers who visited a doctor or other health professional in the last 12 months (72% of smokers), 44% received advice to quit smoking.

There is growing sentiment among smokers that the government should do more to remedy the harm done by smoking, increasing from about half (49%) of smokers in 2006 to more than two-thirds (68%) in 2012. There is even stronger support (74% of smokers in 2012) for a total ban on tobacco products within 10 years if government assistance was provided to help smokers to quit.



Smoke-free Public Places

The low prevalence of indoor smoking in restaurants following Uruguay's 2006 comprehensive smoking ban has been sustained over time. Only 5% of smokers reported noticing smoking indoors in these venues in the last 6 months between 2008-09 and 2012. During this time, support for the ban has increased from 79% to 90% of smokers. The prevalence of smoking indoors in bars was slightly higher as about 10% of smokers noticed people smoking in these venues in the last 6 months between 2008-09 and 2012, while support for the indoor ban also increased during this time from 70% to 82% of smokers.

Although support for smoke-free workplaces is almost unanimous among smokers (92% in 2012), compliance with indoor workplace smoking bans is weak. One quarter (25%) of smokers reported noticing smoking indoors in their workplace in 2010-11 and 2012.

Consistent with findings in other ITC countries, the implementation of smoke-free policies in Uruguay has coincided with an increase in the adoption of smoke-free homes. In 2006, 21% of smokers reported having a complete ban on smoking in their home. This increased to 37% of smokers in 2012. There is potential for this to increase even further as almost half of smokers in Brazil and about 60% of smokers in Mexico have smoke-free homes.

Support for a smoking ban in other indoor public venues such as nightclubs and pubs, casinos, and hotels has steadily increased from approximately two-thirds of smokers in 2008-09 to more than 80% of smokers in 2012. There is strong support among smokers for a law banning smoking in cars with children (88% of smokers in 2012). On the other hand, support for bans in outdoor venues is weaker as less than a quarter of smokers supported bans on smoking in public parks (20%) and beaches (16%).

Smokers' awareness of stroke and impotence increased after the introduction of pictorial health warnings addressing these health effects.



Packaging and Labelling

Uruguay's implementation of pictorial warnings on 80% of the front and back of the package in 2009 has resulted in improvements in warning label effectiveness which have been sustained after the introduction of two new images in 2012.

The percentage of smokers who reported that warning labels on cigarette packs were a reason to think about quitting increased from 25% in 2008-09 (when the warnings were symbolic and covered only 50% of the front and back of the pack) to 31% in 2010-11 and 30% in 2012 (when the images were more graphic and covered 80% of the front and back of the pack). In addition, gaps in smokers' awareness of stroke and impotence as smoking-related health effects were reduced after the introduction of pictorial health warnings specifically addressing these health effects.

The ITC Uruguay Survey provides modest evidence of a positive impact of the single presentation policy. The percentage of smokers who had false beliefs that light cigarettes are less harmful than regular cigarettes decreased from 29% before the single presentation policy to 15% after the policy. However, in 2012, 29% of smokers stated that their current brand is a "light", "mild", or "low tar" brand and the majority (91%) of smokers believe that although Uruguay has implemented a single presentation policy, the same cigarettes are being sold under different names.

Tobacco Advertising, Promotion, and Sponsorship

Significant decreases in smokers noticing tobacco advertising were achieved following the 2008 ban on tobacco advertising and promotion. Further declines were achieved in 2010-11 and 2012 – approximately 2.5 and 4.5 years after the ban, respectively. In 2012, about a third of smokers noticed tobacco advertising at point of sale (POS) where tobacco advertising and the display of tobacco products are permitted. In July 2014, Uruguay passed legislation to ban tobacco advertising and the display of tobacco products at POS. It is expected that noticing tobacco advertising will further decline after the POS ban is implemented. The unpaid depiction of tobacco use in the entertainment media continues to be a way for the tobacco industry to promote their products – between 2006 and 2012, about one-third of smokers noticed this form of tobacco promotion.

Tobacco Price and Taxation

Uruguay has imposed several tax increases on tobacco products since ratifying the FCTC in 2004, including tax increases in July 2007 and March 2010. The March 2010 increase brought taxes to 72.3% of the retail price for the most popular brand; however, despite significant increases in income among Uruguayans, the government has not increased taxes since that time. Findings from the ITC Uruguay Survey indicate that affordability of cigarettes has increased between 2006 and 2012, with an annual increase in the Affordability Index of 2.03%. There was also a decrease in the percentage of smokers who reported that price of cigarettes led them to think about quitting smoking in the last 6 months from 46% in 2010-11 to 41% in 2012.

Uruguay has legislation in place against illicit trade of tobacco products in general which has resulted in seizures of illegal cigarettes; however, there is no system in place to assist in identifying legally sold products or the origins of tobacco products, despite evidence that the country receives illegal tobacco from Paraguay. The increase in reported purchase of packs with no or non-standard warning labels may be an indicator of illicit trade. Further analysis of ITC Uruguay data to investigate trends in the use of illicit brands is ongoing and an academic paper on this issue will be forthcoming.

Despite significant increases in income among Uruguayans, the government has not increased tobacco taxes since March 2010. ITC Uruguay Survey findings indicate that affordability of cigarettes has increased between 2006 and 2012.

RECOMMENDATIONS

Although Uruguay has demonstrated leadership in implementing strong tobacco control policies, the ITC Uruguay Survey has identified key areas where the government should consider taking more aggressive action if Uruguay is to achieve the smoking prevalence and tobacco-related mortality reductions required for an end-game strategy. The increase in smokers' support for government action to remedy the harm done by smoking from about half (49%) of smokers in 2006 to more than two-thirds (68%) of smokers in 2012 and negative perceptions among smokers concerning the conduct of the tobacco industry suggests that the policy environment is favourable for the Uruguay government to implement even stronger tobacco control measures.

1. More aggressive restrictions on the design of the package are recommended to counteract deceptive packaging practices and reduce smokers' misperceptions of harm. Uruguay may consider the plain packaging legislation that Australia has implemented which removes brand colour and logos and other information other than pictorial warnings about the dangers of smoking. Almost half (44%) of smokers agree that these packaging restrictions should be required of tobacco companies.
2. Uruguay should implement increases in tobacco prices above inflation to reduce the affordability of tobacco products.
3. Uruguay should continue to implement and promote programs and policies to encourage cessation, including stronger price and tax policies. Preliminary evidence from other studies suggests an association between non-price policies and increases in quitting among pregnant women, resulting in positive birth outcomes. This suggests that cessation among this group could be even further increased by targeted campaigns and price and tax increases.
4. Stronger enforcement of smoking bans in workplaces is needed to ensure that all employees are protected against exposure to secondhand smoke.
5. Strong support among smokers for a ban on smoking in cars with children suggests that Uruguay is well-positioned to adopt smoke-free car legislation.
6. Sustained funding for mass media campaigns to educate the public about the harms of secondhand smoke may be helpful to not only increase the effectiveness of the smoke-free laws, but also to further increase the adoption of home smoking bans.
7. Continue public awareness campaigns that focus on societal impacts of smoking, including economic and social impacts of smoking such as lost productivity, increased healthcare costs, and the pain and suffering experienced by families.

8. Sustained funding for ongoing anti-smoking campaigns, in addition to continued frequent implementation of new pictorial warnings are recommended to address specific gaps in knowledge of the harms of cigarette smoking. Consider the most appropriate media to reach the intended audience for future campaigns, including electronic media e.g. text messages, e-mail, web sites, blogs, social networks etc.
9. Regulation of smoking in the entertainment media, such as prohibiting the use of identifiable tobacco brands or imagery, requiring anti-tobacco advertisements, and introducing a rating classification system that takes tobacco depictions into account could help to reduce the risk of smoking initiation among young people.
10. Uruguay should consider implementing a track and tracing system to curb illicit trade activity.
11. Continue to monitor research on the potential benefits and concerns of e-cigarette use to inform regulations.

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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 Guidelines developed and adopted by the FCTC Conference of the Parties.

This report presents results of Waves 1 to 4 (2006 – 2012) of the ITC Uruguay Survey – a face-to-face survey of a cohort of adult smokers in Montevideo (Waves 1 to 4) and 4 smaller cities (Durazno, Maldonado, Rivera, and Salto) (Waves 2 to 4). 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.

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Uruguay 2006-2012

BACKGROUND

The International Tobacco Control Policy Evaluation Project (the ITC 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 World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). The ITC Project is a collaborative effort with international health organizations, researchers, and policymakers in more than 20 countries so far (see back cover), 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 a longitudinal cohort survey 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.

In addition to policy evaluation, the ITC Project focuses on measuring and understanding patterns of tobacco use and cessation over time and across countries, including identifying factors that predict quit attempts and successful quitting. For example, ITC research is evaluating a broad range of influences on cessation such as policy-relevant factors, demographic factors, environmental factors, and beliefs and attitudes such as perceived risk, beliefs about the acceptability of smoking and use of other forms of tobacco, and reports of whether significant others are supportive of quitting. Such findings have important implications for the design and implementation of effective individual and population-level programs and policies to support cessation.

The ITC Uruguay Survey

The ITC Uruguay Survey is a national survey conducted by researchers from the Department of Sociology at the University of the Republic of Uruguay, the Research Centre for Tobacco Epidemic (CIET), and the National Institute of Public Health of 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 tobacco control policies between Uruguay and other countries that have adopted comparable legislation.

The ITC Uruguay Survey is a prospective longitudinal study of adult smokers (18 years of age and older) and has been conducted over four waves as follows:

- Wave 1 of the ITC Uruguay Survey was conducted from November to December 2006;
- Wave 2 was conducted from September 2008 to February 2009;
- Wave 3 was conducted from October 2010 to January 2011;
- Wave 4 was conducted from October to December 2012.

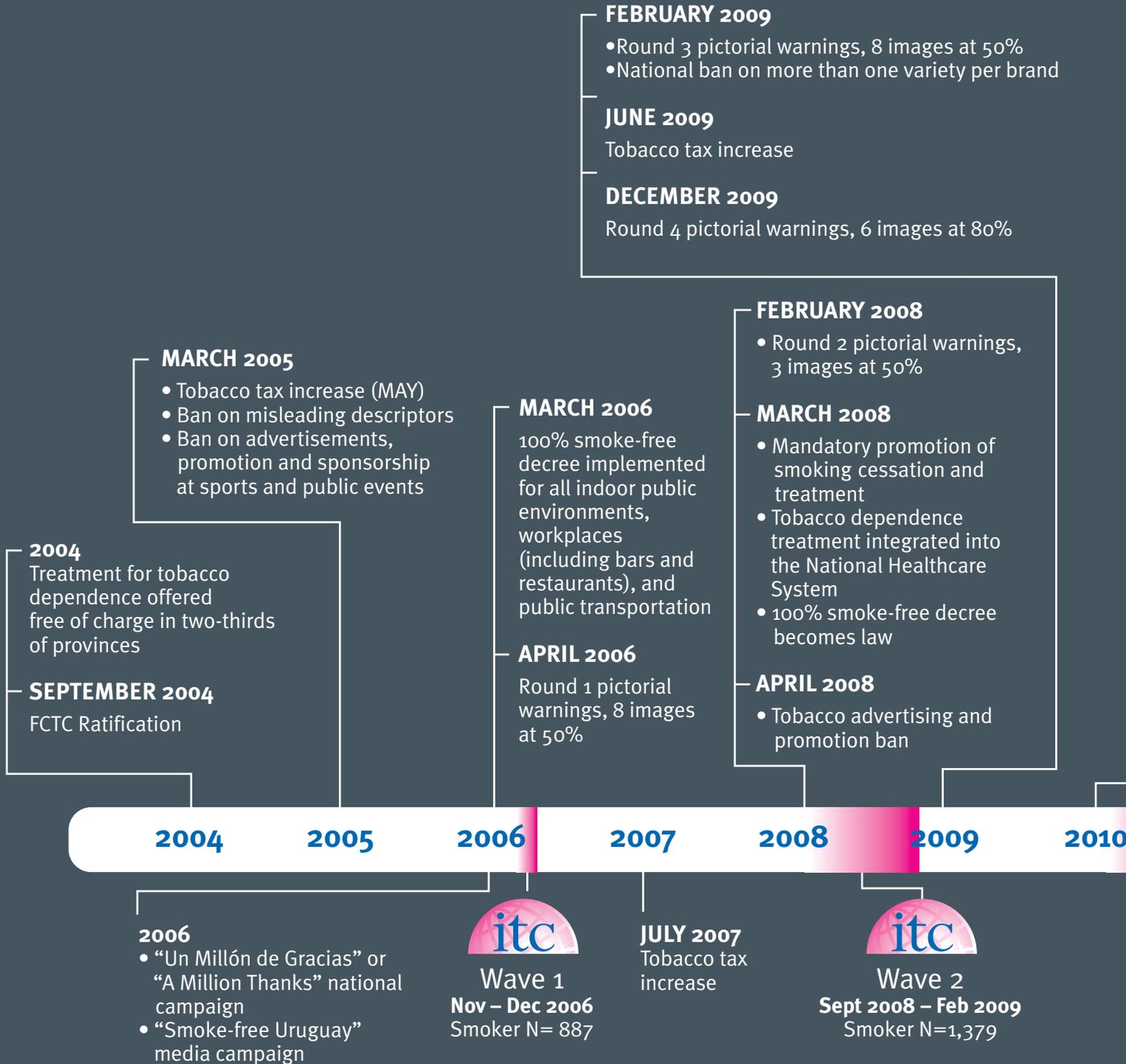
The Wave 1 to 4 Surveys were conducted among a cohort of approximately 1,000 smokers in Montevideo. Four cities were added to the Wave 2, 3, and 4 Surveys - Salto, Maldonado, Durazno, and Rivera – where a total of approximately 400 smokers were surveyed.

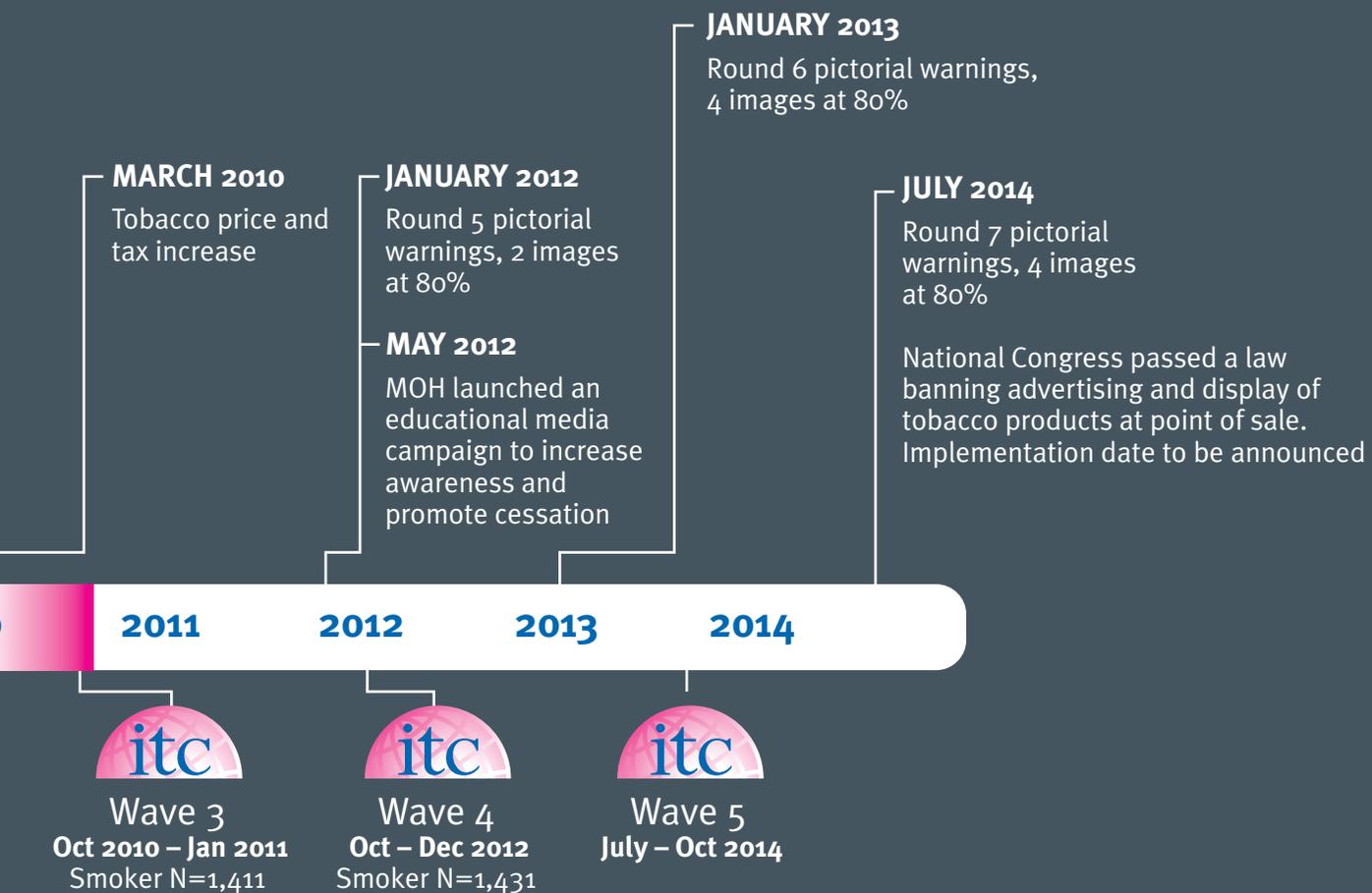
The ITC Uruguay Wave 1 to 4 Surveys (2006-2012) were conducted during the implementation of several major tobacco control policies in Uruguay, including a comprehensive ban on indoor smoking in public places (March 2006), five rounds of pictorial health warnings (April 2006 to January 2012), a ban on tobacco advertising and promotion (April 2008), an increase in the size of the warning label to cover 80% of the front and back of the cigarette pack (December 2009), a ban on multiple presentations of a cigarette brand (February 2009), various anti-smoking media campaigns, and several tobacco price and tax increases (see Figure 1). The findings presented in this report provide evidence of the impact of these tobacco control policies on smokers in Uruguay.

The Wave 1 to 4 Surveys were conducted among a cohort of approximately 1,000 smokers in Montevideo. Four cities were added to the Wave 2, 3, and 4 Surveys - Salto, Maldonado, Durazno, and Rivera – where a total of approximately 400 smokers were surveyed.

The ITC Uruguay Wave 1 to 4 Surveys were conducted during the implementation of several major tobacco control policies, including Latin America's first ban on smoking in enclosed public places, the world's largest pictorial warnings on 80% of the front and back of the pack, and the first ever ban on differentiated branding.

Figure 1. Uruguay tobacco policy timeline in relation to the ITC Uruguay Surveys





THE TOBACCO LANDSCAPE IN URUGUAY

This section provides an overview of tobacco use and tobacco control policies in Uruguay, describing the context in which the four waves of the ITC Uruguay Survey were conducted (between November 2006 and December 2012), as well as further policy development up to the present time (August 2014).

Uruguay became a Party to the World Health Organization (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 2009. 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.¹ Smoking rates among adults and youth are high in many regions of Latin America, including Uruguay.^{1,2} It is estimated that 19.5% of male deaths and 9.5% of female deaths in Uruguay in 2004 were attributable to tobacco use.³

According to the 2009 Global Adult Tobacco Survey (GATS), 25% of adults (15 years of age or older) in Uruguay were cigarette smokers.⁴ More recent data from the 2011 National Statistics Institute Household Survey indicates that the adult smoking prevalence is 23.5%.⁵ 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 declined between 2003 (as measured by the World Health Survey¹) and 2009 (as measured by GATS⁴) from 39% to 31% for males, and from 28% to 20% for females.⁶ Prevalence rates measured by the National Statistics Institute in Uruguay in 2011 suggest a slight decline to 29.7% among males and 19.1% among females.⁵

There is evidence to suggest that the gender gap in adult smoking prevalence is narrowing^{7,8} and evidence showing that young women in Uruguay are surpassing their male counterparts in smoking prevalence. 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.⁹ The 2011 National Drug Commission Report indicated that prevalence had decreased to 14.1% of female and 11.9% of male secondary school students.¹⁰

Tobacco Control Policies

The 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 179 member Parties as of August 2014, 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 4 Surveys (2006 – 2012), 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.¹¹

Uruguay was the eighth country in the world to require pictorial health warnings, which were first implemented in April 2006. The regulations for those warnings were developed in 2005 and required eight rotating images to cover the bottom 50% of both the front and back of the package. In addition, the first round of warnings also included two health warning messages that were inserted into packages – one related to active smoking and the other related to secondhand smoke.¹²

In February 2008, a new tobacco control law was implemented in Uruguay, which stated that health warning labels should cover at least 50% of the front and back of the package. The ruling decree issued three new images to appear on packages, which were more symbolic than the previous warnings, including images of dynamite, poison, and a tombstone.¹³ In February 2009, eight new images were released for the third round of pictorial warnings in Uruguay, focusing more on some of the specific health effects of smoking as opposed to the general messages from the previous round.

In June 2009, the government of Uruguay enacted a decree that increased the size of the health warnings from 50% to 80%, making them the largest warnings in the world, which went into force in December 2009.¹⁴ Six new graphic images appeared on packs in February 2010, covering the lower 80% of both principal display areas of all tobacco packages.

Since then, the Ministry of Public Health of Uruguay has implemented three further rounds of new health warnings. Two new images appeared on tobacco packages beginning in January 2012, with one image relating to the harmful effect of tobacco smoke on children, and the other relating to stroke.¹⁵

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 were translated to new health warnings with messages from real people, and appeared on packages in January 2013. The seventh round of warning labels were announced in December 2013 and started appearing on packages in July 2014. This round included four images that focussed on the impact of the smoker's health on their loved ones. Figure 2 illustrates the various changes in required pack images from 2006 to the present.

**Uruguay's
current pictorial
health warnings
cover 80% of the
front and back
of the pack and
are among the
largest in
the world.**

Figure 2. Pictorial health warnings in Uruguay, 2006 to 2014

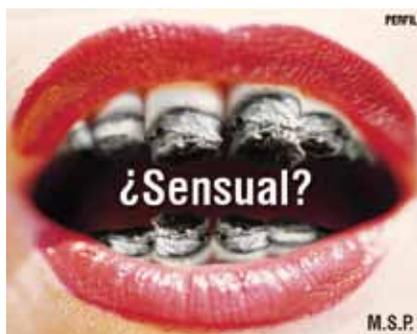
Round 1 – 2006 to 2008



Round 2 – 2008 to 2009

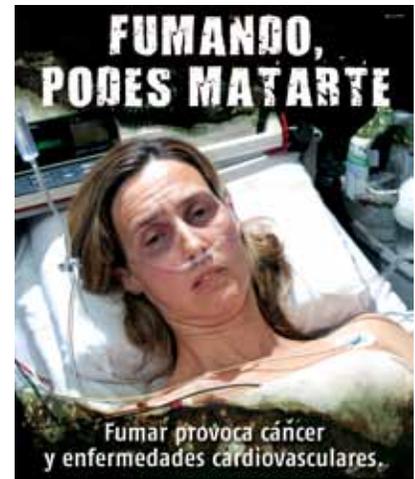
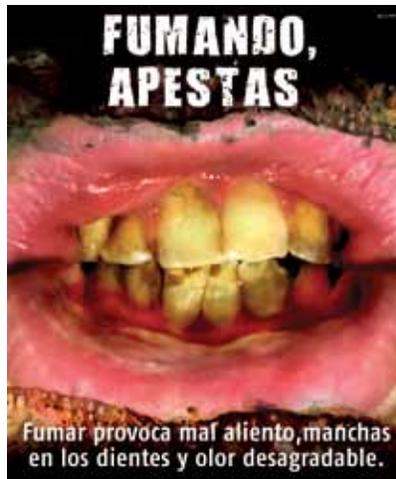


Round 3 – 2009 to 2010



In February 2009, eight new images were released for the third round of pictorial warnings in Uruguay, focusing more on some of the specific health effects of smoking.

Round 4 – 2010 to 2012



Round 5 – 2012 to 2013



Round 6 – 2013 to 2014



Round 7 – 2014 to present



Misleading Packaging and Labelling

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.^{16, 17} Article 11 of the FTC requires Parties to implement measures to ensure that tobacco packaging and labelling 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 that the first pictorial health warnings were issued in 2005, with Decree 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”.¹⁸

Despite the bans on misleading descriptors on tobacco packages, tobacco companies in Uruguay continued to promote the false belief that some cigarettes are safer than others through brand stretching, presenting multiple variations of a brand with different colours and design elements.

In 2008, at the time of the second round of pictorial health warnings, the government expanded the ban on misleading descriptors through the National Tobacco Law 18.256, which was reinforced by Decree No. 284. This decree prohibited 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.¹⁹

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.²⁰ 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 disposition, effective February 2009, means that each cigarette brand may only have one variant. For example, Marlboro Red was selected as the only 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. The tobacco industry responded to this law by creating new brands to replace their "lighter" cigarette variants. The new brands often advertise special filters which contain additives like menthol for a smoother feel on the throat. In addition, the large cigarette corporation, Philip Morris International (PMI), filed a lawsuit against the country of Uruguay for what they perceive as a breach of a trade treaty by legislating single presentation of brands and the 80% health warning size.

Philip Morris Arbitration against Uruguay

On February 19, 2010, 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 alleged initially that the provisions of Uruguay's tobacco regulations went beyond reasonable public health regulations and deprived 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.²¹ 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. This appeal was not successful and the claim is being heard by the International Centre for Settlement of Investment Disputes.²²

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 impacting 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.²³

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.

In 2010, tobacco taxes in Uruguay were very high for the region and by international standards, with total taxes on the most popular brand of cigarettes at 72.3%.⁶ 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 had 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.²⁴

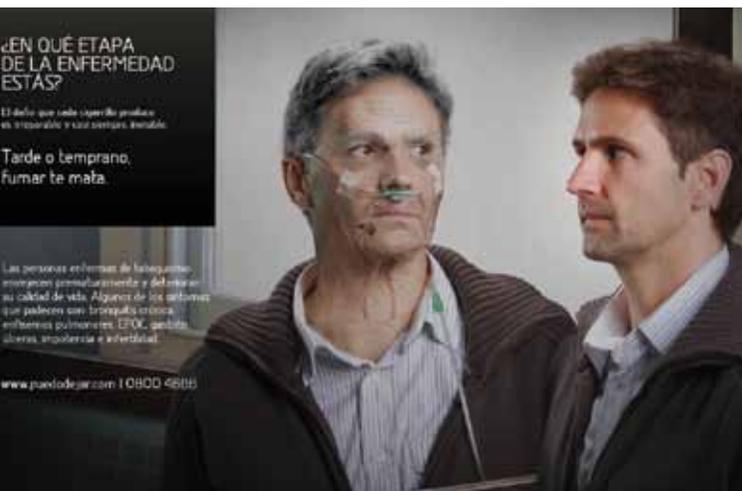
Illicit Trade

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 that legally sell their products in Uruguay:

- 1) Montepaz, a domestically owned company that is the leading cigarette firm in Uruguay, controlling over 80% of the legal market.²⁵⁻²⁷
- 2) Abal Brothers Company/Philip Morris, the main multinational tobacco industry that controls around 16% 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. BAT sells its cigarettes only in the Department of Maldonado and has less than a 2% market share.

While there is no evidence of illegal cigarette production in Uruguay, illegal cigarettes, mostly smuggled from Paraguay, are found for sale in the country.^{29, 30} 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%.^{6, 29} Data from the 2013 Euromonitor report indicates that there has been no significant increase on absolute quantities of illegal cigarettes purchased in Uruguay between 2000 to 2012. However, because legal cigarette sales have decreased as smoking prevalence has decreased, the estimated market share of illicit cigarettes as a proportion of total sales has increased from 15% in 2006 to 20% in 2012.³⁰

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.^{29, 31}



Smoke-free Public Places and Workplaces

Article 8 of the FCTC requires the adoption of effective measures to provide protection from exposure to secondhand 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, the first in the Americas region, 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.³²⁻³⁵

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.^{36, 2}

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 secondhand 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.

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 Dr. 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 thanking 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.³⁷⁻⁴⁰

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.^{2, 41}

In 2007, CIET Uruguay (Centro de Investigacion 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 “Breathe 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.

In 2012, the Ministry of Health launched the “Stage of Sickness” campaign which included television advertisements characterizing the invisible dangers of smoking and the choice to “move from the shadows, into the light”, as well as poster advertisements which showed mirror images of people before and after they were harmed by cigarette smoke. These poster images were later incorporated into the Round 6 health warning labels required on cigarette packs in 2013 and early 2014.

In 2013, the “Piel Bella” (Beautiful Skin) anti-smoking campaign released by the Ministry of Health and the Cancer Society was focussed on the damage inflicted on the body’s largest organ, the skin, with the objective to motivate women to stop smoking, or never start. The campaign promoted a free anti-aging treatment that delays the effect of aging, reduces wrinkles, and improves dry skin – a treatment revealed as quitting smoking or not ever starting to smoke.

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 (POS); tobacco product vending machines; internet sales; and attractive packaging and product features.

The 2008 Smoking Control Regulations (Law No. 18.256) prohibited most forms of direct and indirect tobacco advertising and promotion. Although the 2008 Regulations required the display of health warnings about the dangers of tobacco use at POS locations, tobacco advertising and the display of tobacco products at POS was still permitted.

The tobacco industry used that loophole to violate the law, advertising on the exterior of POS 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 2013, the Uruguay Ministry of Health presented draft legislation to the Parliament banning advertising at POS, including product displays. In July 2014, Uruguay National Congress passed a law banning tobacco advertising and POS displays, including the display of smoking accessories. Only a list of tobacco products that are sold, with their prices, is permitted and it must have a Ministry of Health warning on the harms associated with tobacco consumption and exposure.

The complete ban on sponsorship includes the prohibition of donations, and sponsorship of national and international events or activities by the tobacco industry.

Uruguay has met all the FCTC guidelines for banning tobacco advertising, promotion, and sponsorship including the banning of indirect marketing tools such as promotional discounts, free samples, product placement in TV and/or films, and publicity of corporate social responsibility activities by tobacco companies.^{26, 42}

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. Under the 2008 Smoking Control Regulations (Law No. 18.256), tobacco dependence treatment was integrated into the National Healthcare 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.^{43, 44} The Regulations require health care institutions to train health care providers and treat smoking at the primary care level. Healthcare institutions may sign an agreement with FNR to receive medications for free for their customers.

Pharmacotherapies, including nicotine replacement therapy (NRT; sold 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 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.

In March 2013, a national toll-free telephone quitline service was initiated by the Ministry of Health. The number is currently promoted on cigarette packaging.

The End-game Strategy

Since ratifying the FCTC in 2004, Uruguay has progressively moved forward with tobacco control policy implementation in order to meet the treaty objective of decreasing tobacco use. These policies have resulted in an important decline in the prevalence of smoking, and have provided young people with a public environment that is smoke-free and contains considerably less promotion of smoking than the generation before. However, the Ministry of Health and tobacco control advocates are interested in seeing Uruguay take even stronger measures that could come much closer to eliminating smoking in Uruguay altogether. This is referred to as the “end-game strategy”.

This strategy would include: 1) implementing measures to achieve a smoking prevalence in the general population of less than 5% by 2025-2030 which would be reflected by very small initiation rates for youth, and 2) achieving at least a 25% decrease in non-chronic disease mortality by 2025.

ITC SURVEY METHODS

OVERVIEW

The International Tobacco Control Policy Evaluation Project (the ITC Project) is an international research collaboration across more than 20 countries – Canada, United States, United Kingdom, Australia, Ireland, Thailand, Malaysia, Republic of Korea, China, Mexico, Uruguay, New Zealand, France, Germany, the Netherlands, Bhutan, Mauritius, Brazil, India, Bangladesh, Kenya, 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 World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). The ITC Project is conducting large-scale 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 ITC 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)⁴⁵; for description of the survey methods, see Thompson et al. (2006).⁴⁶

The ITC Project in Uruguay (the ITC Uruguay Project) was created in 2006 to 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.

Sampling Design

The ITC Uruguay Survey is a prospective longitudinal study of adult smokers (18 years of age or older) 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 3 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 3. ITC Uruguay Wave 1 to 4 sampling areas



At Wave 2, the study expanded into inland cities following a similar design as that used in Montevideo in Wave 1. Thus, the study sample in Wave 2 included cohort participants from the previous wave in Montevideo, as well as newly recruited respondents in Montevideo (the replenishment sample) replacing respondents who were lost to recontact. It also included the newly recruited respondents from the inland cities. Similarly, the Wave 3 and 4 study sample included cohort participants from the previous wave and newly recruited respondents from both Montevideo and the inland cities. The households of these new (replenishment) participants were selected using a sampling scheme extending the design developed for Wave 1.

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 for a total of 1,411 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. There were a total of 1,431 respondents in the Wave 4 sample, comprised of 1,080 cohort respondents and 351 replenishment respondents. The retention rate was 76.5% with a corresponding attrition rate of 23.5%. In Wave 4, 28.9% of the sample was made up of respondents from the four inland cities. Further information on the methods of the ITC Uruguay Surveys can be found in the ITC Uruguay Technical Reports available at www.itcproject.org.⁴⁷⁻⁴⁹

Characteristics of the Wave 1 to 4 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 1 provides sample sizes of respondents interviewed in Montevideo and the 4 inland cities at each wave. Tables 2 to 5 provide the demographic characteristics of the survey participants at each wave.

Table 1. Total respondents interviewed in Montevideo and the inland cities, by wave

Respondent Type	Montevideo			Inland cities			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Wave 1									
Recruited at Wave 1	416	471	887	-	-	-	416	471	887
Wave 2									
Recruited at Wave 1	271	314	585	-	-	-	271	314	585
Recruited at Wave 2	183	209	392	221	181	402	404	390	794
Wave 2 Total	454	523	977	221	181	402	675	704	1,379
Wave 3									
Recruited at Wave 1	196	230	426	-	-	-	196	230	426
Recruited at Wave 2	119	135	254	159	132	291	278	267	545
Recruited at Wave 3	159	168	327	58	55	113	217	223	440
Wave 3 Total	474	533	1,007	217	187	404	691	720	1,411
Wave 4									
Recruited at Wave 1	154	196	350	-	-	-	154	196	350
Recruited at Wave 2	86	109	195	125	108	233	211	217	428
Recruited at Wave 3	105	113	218	43	41	84	148	154	302
Recruited at Wave 4	109	146	255	47	49	96	156	195	351
Wave 4 Total	454	564	1,018	215	198	413	669	762	1,431

There were a total of 1,431 respondents in the Wave 4 sample, comprised of 1,080 cohort respondents and 351 replenishment respondents. The retention rate was 76.5% with a corresponding attrition rate of 23.5%. In Wave 4, 28.9% of the sample was made up of respondents from the four inland cities.

Table 2. Demographic characteristics of the ITC Uruguay Wave 1 sample

	Montevideo	
	Freq.	%
Gender		
Male	416	46.9
Female	471	53.1
Age		
18-24	205	23.1
25-39	283	31.9
40-54	266	30.0
55+	133	15.0
Smoking status		
Daily smoker	841	94.8
Non-daily smoker	46	5.2
Marital status		
Married	331	37.6
Separated	30	3.4
Divorced	65	7.4
Widowed	39	4.4
Domestic partnership	135	15.3
Single	281	31.9
Highest Level of education		
Low	477	53.8
Moderate	248	28.0
High	161	18.2
Not stated	1	0.1
Monthly household income (UYU)		
Low (\leq \$7,000)	336	37.9
Moderate (\$7,001 - 30,000)	439	49.5
High ($>$ \$30,000)	55	6.2
Not stated	57	6.4

Table 3. Demographic characteristics of the ITC Uruguay Wave 2 sample

	Montevideo		Inland cities	
	Freq.	%	Freq.	%
Gender				
Male	454	46.5	221	54.98
Female	523	53.5	181	45.02
Age				
18-24	191	19.5	73	18.2
25-39	309	31.6	139	34.6
40-54	294	30.1	117	29.1
55+	183	18.7	73	18.2
Smoking status				
Daily smoker	811	83.0	368	91.5
Non-daily smoker	81	8.3	34	8.5
Quitter	85	8.7	-	-
Marital status				
Married	370	37.9	162	40.3
Separated	36	3.7	15	3.7
Divorced	86	8.8	27	6.7
Widowed	45	4.6	13	3.2
Domestic partnership	161	16.5	80	19.9
Single	279	28.6	105	26.1
Highest Level of education				
Low	549	56.2	289	71.9
Moderate	235	24.1	70	17.4
High	191	19.5	43	10.7
Not stated	2	0.2	-	-
Monthly household income (UYU)				
Low (\leq \$7,000)	313	32.0	198	49.3
Moderate (\$7,001 - 30,000)	467	47.8	166	41.3
High ($>$ \$30,000)	104	10.6	14	3.5
Not stated	93	9.5	24	6.0

Table 4. Demographic characteristics of the ITC Uruguay Wave 3 sample

	Montevideo		Inland cities	
	Freq.	%	Freq.	%
Gender				
Male	474	47.1	217	53.7
Female	533	52.9	187	46.3
Age				
18-24	166	16.5	68	16.8
25-39	340	33.8	130	32.2
40-54	305	30.3	130	32.2
55+	196	19.5	76	18.8
Smoking status				
Daily smoker	798	79.2	312	77.2
Non-daily smoker	78	7.7	36	8.9
Quitter	131	13.0	56	13.9
Marital status				
Married	371	36.8	157	38.9
Separated	44	4.4	23	5.7
Divorced	106	10.5	43	10.6
Widowed	42	4.2	12	3.0
Domestic partnership	180	17.9	87	21.5
Single	264	26.2	82	20.3
Highest Level of education				
Low	534	53.0	243	60.1
Moderate	248	24.6	114	28.2
High	225	22.3	47	11.6
Monthly household income (UYU)				
Low (\leq \$7,000)	174	17.3	120	29.7
Moderate (\$7,001 - 30,000)	536	53.2	192	47.5
High ($>$ \$30,000)	195	19.4	39	9.7
Not stated	102	10.1	53	13.1

Table 5. Demographic characteristics of the ITC Uruguay Wave 4 sample

	Montevideo		Inland cities	
	Freq.	%	Freq.	%
Gender				
Male	454	44.6	215	52.1
Female	564	55.4	198	47.9
Age				
18-24	155	15.2	68	16.5
25-39	347	34.1	147	35.6
40-54	326	32.0	121	29.3
55+	190	18.7	77	18.6
Smoking status				
Daily smoker	784	77.0	304	74.1
Non-daily smoker	70	6.9	39	9.5
Quitter	164	16.1	67	16.3
Marital status				
Married	348	34.3	141	34.1
Separated	52	5.1	27	6.5
Divorced	109	10.7	46	11.1
Widowed	44	4.3	14	3.4
Domestic partnership	217	21.4	98	23.7
Single	246	24.2	87	21.1
Highest Level of education				
Low	500	49.1	258	62.5
Moderate	304	29.9	113	27.4
High	213	20.9	42	10.2
Not stated	1	0.1	-	-
Monthly household income (UYU)				
Low (\leq \$7,000)	128	12.6	80	19.4
Moderate (\$7,001 - 30,000)	536	52.7	253	61.3
High ($>$ \$30,000)	302	29.7	55	13.3
Not stated	52	5.1	25	6.1

CONTENT OF THE ITC URUGUAY SURVEY

The ITC Uruguay Survey was developed by the project team with members from Uruguay, Mexico, and the University of Waterloo, Ontario, Canada. Most of the survey methods and survey questions were adapted from the standardized protocols and surveys that have been used in ITC surveys conducted in 21 other 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 the following questions:

- 1. Smoking- and cessation-relevant questions.** Smoking history and frequency, as well as current smoking behavior 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 (warnings labels, taxation/price, advertising/promotion, smoke-free policies, light/mild descriptors, public communication);
- 4. Other important psychosocial predictors** of smoking behaviour and potential moderator variables (e.g., normative beliefs, attitudes, intentions to quit, and regret about smoking);
- 5. Individual difference variables** relevant to smoking (e.g., depression, stress, time perspective);
- 6. Demographics** (e.g., age, gender, marital status, income, education).

Respondents who quit smoking between survey waves were asked a similar set of survey questions, but with some questions rephrased to be relevant to those who had quit (e.g., using the past tense). In this Report, quitters have been grouped with smokers except in cases where a measure of interest is especially relevant for quitters, or where the measure of interest is only relevant for smokers (e.g., avoiding health warnings on cigarette packages).

As with all ITC surveys, the ITC Uruguay Survey was tailored for the tobacco control environment in the country and therefore included questions that were unique to Uruguay. For example, at Wave 4, new questions related to the anti-smoking campaign that was launched in May 2012 were added to assess the awareness and effectiveness of the campaign.

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 to 4: 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 www.itcproject.org/countries/uruguay.

ANALYTIC APPROACH

This report presents findings from the first four waves of the ITC Uruguay Survey (2006-2012). 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 also drawn. 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 regression models.

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 six years that the first four waves of the ITC Uruguay Survey were conducted, respondents were lost to attrition, as they are in any longitudinal cohort study. To compensate for this attrition and maintain a sufficient sample size, new respondents were recruited at Waves 2, 3, and 4. Therefore, at Waves 2 to 4, the total set of respondents consists of individuals with different levels of prior participation in the ITC survey. For example, the Wave 4 sample of respondents consists of 350 smokers and quitters who have participated in all four survey waves, 428 smokers and quitters who have participated in three survey waves (Waves 2 to 4), 302 smokers and quitters who have participated in two survey waves (Waves 2 and 3), and 351 smokers who have participated in one survey wave (those who were newly recruited in Wave 4). 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 and have been found in the ITC surveys in other countries as well.⁵⁰⁻⁵⁴ The analytic methods described next provide adjustments for time-in-sample and some other potentially confounding factors.

Analytic methods

To assess temporal changes in any of the many variables measured in the ITC Uruguay Survey over time, data from all four waves of the ITC Uruguay Survey are used to estimate the longitudinal trends in a measure of interest, unless otherwise stated. Quitters are grouped with smokers in the analysis unless the measure of interest is especially relevant for quitters or the measure of interest is only relevant to smokers. The analytical data set for respondents in Waves 1 to 4 has a total of 5,105 observations, from 2,472 unique respondents. Among these 5,105 observations, 887 are from Wave 1 smokers, 1,379 are from Wave 2 smokers and quitters, 1,411 are from Wave 3 smokers and quitters, and 1,428 are from Wave 4 smokers and quitters.

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 and have been found in the ITC surveys in other countries as well.⁵⁰⁻⁵⁴

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. This method is directly analogous to age-adjustment when comparing mortality in two or more populations in epidemiology and demography.⁵⁵ 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. the four inland cities), smoking status (i.e., 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”. Hence, these time-in-sample adjusted estimates are best for understanding the evolution of a given variable’s outcomes over the four waves of the ITC Uruguay Survey. On the other hand, the unadjusted estimates best represent what is happening at a given wave. In this report, both adjusted and unadjusted estimates are shown in figures illustrating changes between waves; the solid lines represent adjusted percentages while the dashed lines represent the corresponding unadjusted percentages. SAS 9.3 and SUDAAN 10.0 and 11.0 are 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 include smokers only and control for differences in age, smoking status (daily vs. non-daily smokers), and time-in-sample.

In this report, covariates such as sex, age group, city group (Montevideo vs. the four inland cities), smoking status (i.e., 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”.

FINDINGS

SMOKING BEHAVIOUR

The WHO FCTC aims to protect individuals from the consequences of tobacco use by providing a framework for tobacco control measures. Parties are obligated to implement measures to prevent and reduce tobacco consumption and to monitor the magnitude and patterns of tobacco use. The ITC Uruguay Survey includes several measures to assess smokers' tobacco use behaviour, such as cigarette consumption, brand choice, and types of products used. The Survey also measures smokers' perceptions and attitudes, such as beliefs about society's attitude towards smoking and regret for smoking initiation.

Cigarette consumption

Nearly all smokers at each survey wave reported that they were daily smokers. Survey results show that 95% of smokers were daily smokers at Wave 1, 91% at Wave 2, 90% at Wave 3, and 91% at Wave 4. Among the daily smokers, the average number of cigarettes smoked per day has remained relatively unchanged at approximately 16 cigarettes per day at each wave (16 at Wave 1; 16 at Wave 2; 16 at Wave 3; 17 at Wave 4).

Cross-country comparison data show that in Latin America the mean number of cigarettes smoked per day among daily smokers in Uruguay is similar to Brazil, but approximately double that of Mexican daily smokers (see Figure 4).

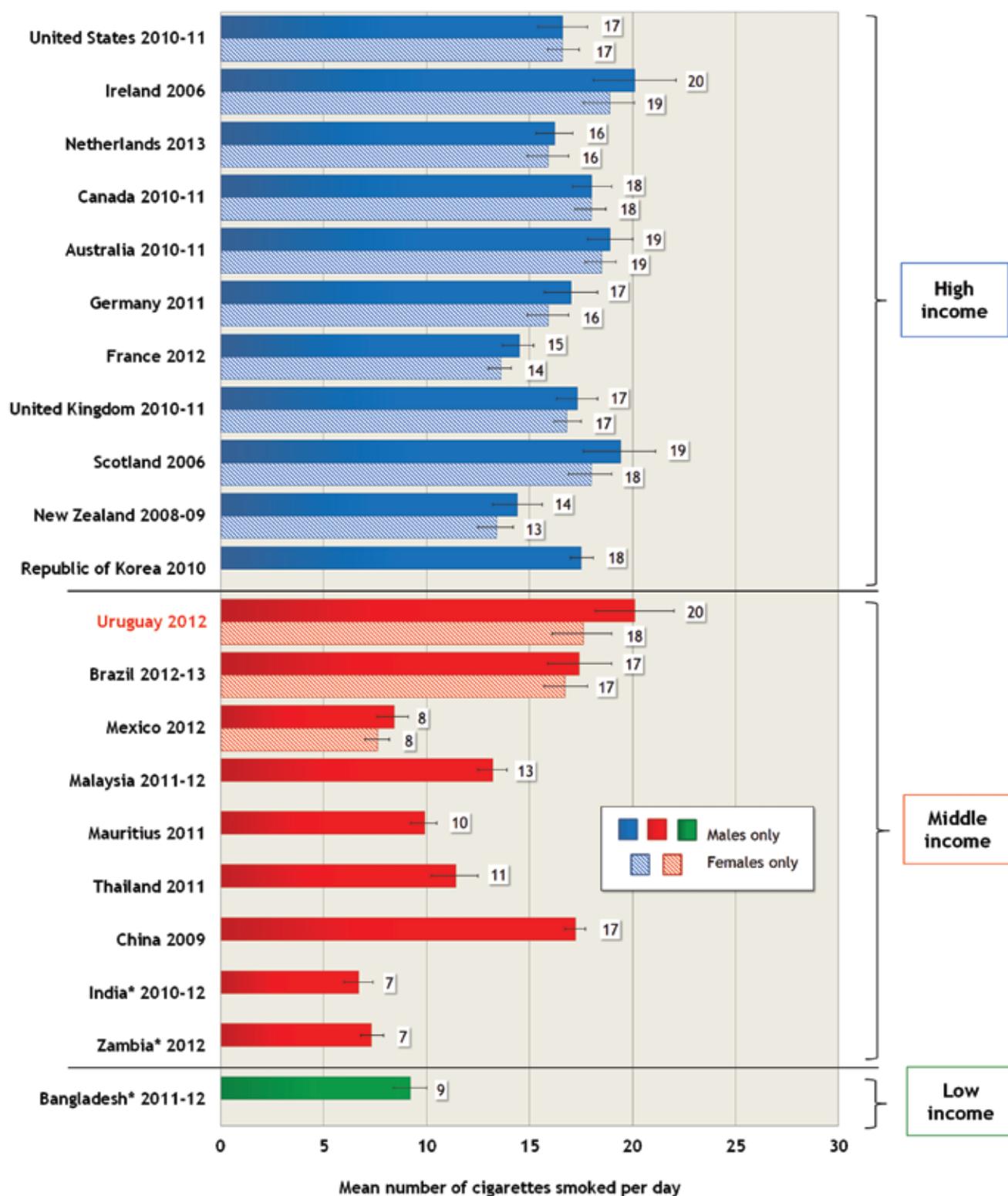
Use of factory-made vs. hand-rolled cigarettes

The majority of smokers in Uruguay smoke factory-made cigarettes. At Wave 1, 67% of smokers reported smoking factory-made cigarettes only. This percentage increased to 74% at Wave 2 and then remained steady at Wave 3 (72%), before increasing at Wave 4 to 78% (see Figure 5). The percentage of smokers reporting smoking only hand-rolled tobacco remained steady across the first three waves of the ITC Uruguay Survey (12% at Wave 1; 10% at Wave 2; 13% at Wave 3); however, this percentage has decreased at Wave 4 (9%).

Only 2% of smokers at each wave indicated that they had used any tobacco products besides factory-made or hand-rolled cigarettes in the last month.

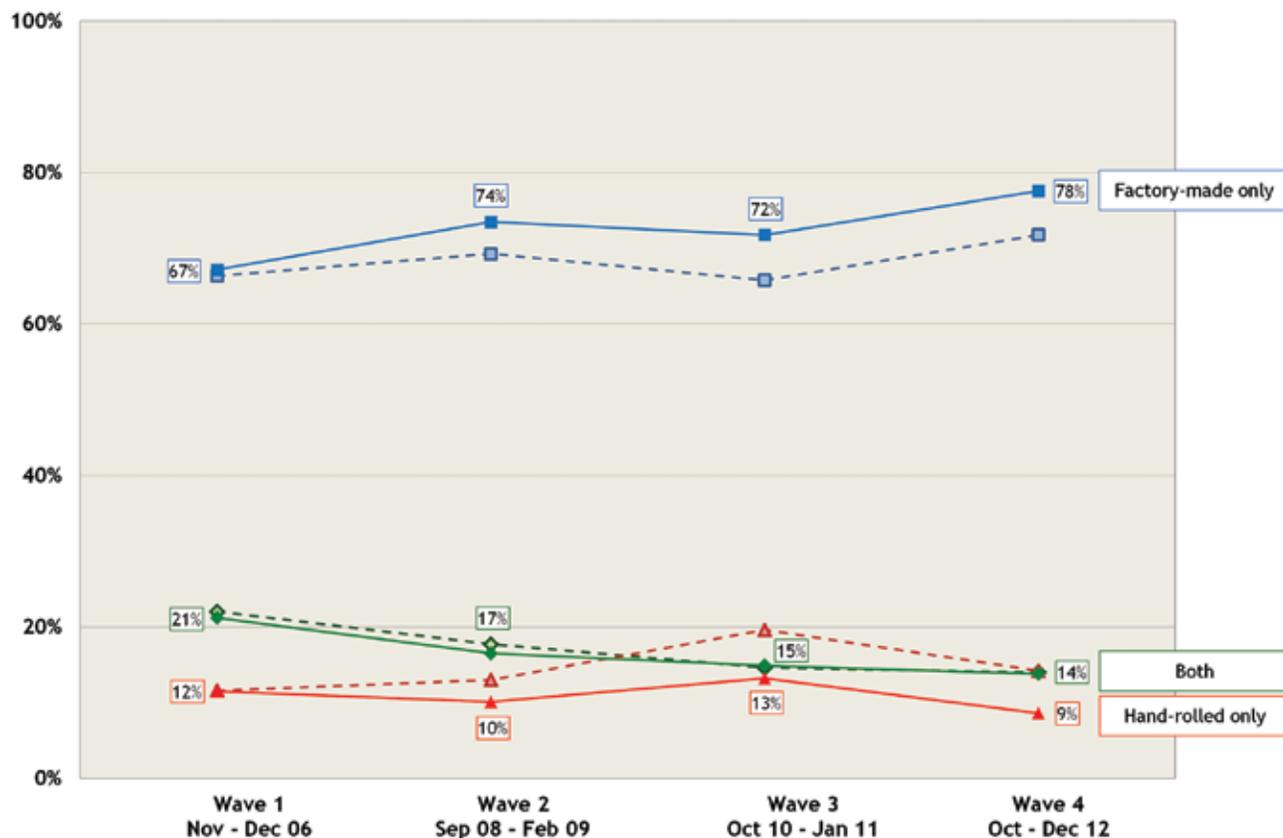
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Figure 4. Mean number of cigarettes smoked per day among daily smokers, by country



* For Bangladesh, India, and Zambia, dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) who reported smoking cigarettes were also included in the analysis.

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



* The solid lines represent frequencies adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted frequencies.
 † Unadjusted for smoking status.

Reasons for smoking hand-rolled cigarettes

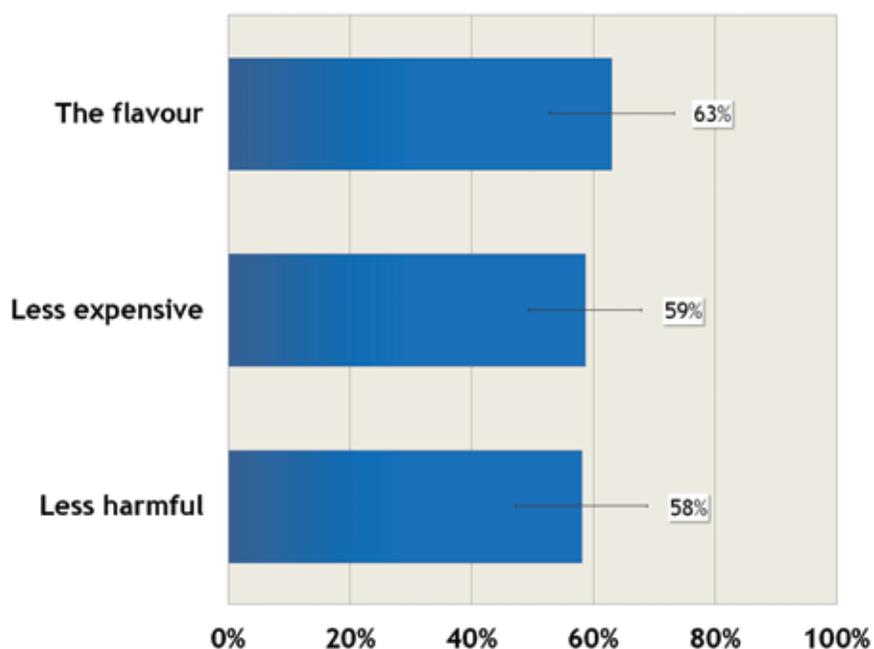
At Wave 4, smokers who smoked an equal or greater amount of hand-rolled cigarettes versus factory-made cigarettes were asked if they smoked hand-rolled cigarettes because they are cheaper, because of the flavour, and/or because they think that hand-rolled cigarettes are less harmful than regular cigarettes. Each of the three reasons was reported by approximately 60% of hand-rolled cigarette smokers (see Figure 6).

Electronic cigarettes – perceptions and behaviours

The ITC Uruguay Wave 4 Survey also asked all respondents if they had ever heard of electronic cigarettes (e-cigarettes). Results show that approximately one-third (35%) of smokers had heard of e-cigarettes.

Those respondents who had heard of electronic cigarettes were then asked “Have you ever tried an electronic cigarette?” and “Do you think electronic cigarettes are more harmful than regular cigarettes, less harmful, or are they equally harmful to health?” Among those who had heard of e-cigarettes, only 8% had tried one. The majority of respondents who had heard of e-cigarettes also believed that e-cigarettes are less harmful than regular cigarettes (71%), one-quarter (25%) thought they are equally as harmful, and 4% thought they are more harmful.

Figure 6. Reasons for smoking hand-rolled cigarettes among smokers who smoke the same or a greater amount of hand-rolled cigarettes versus factory-made cigarettes, Wave 4 (Sep – Dec 2012)



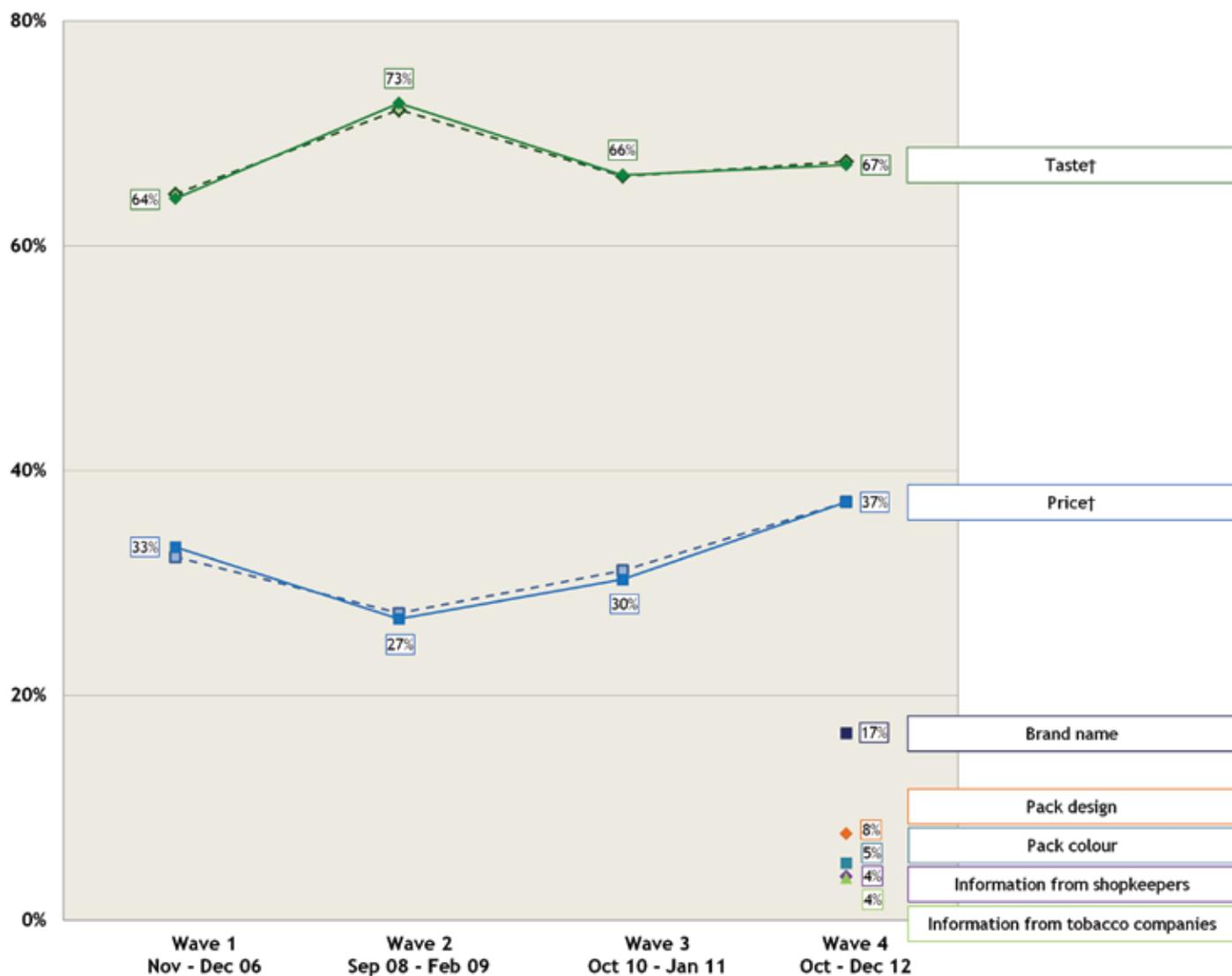
Reasons for choosing brand

The Wave 1 to 4 Surveys asked smokers about reasons for smoking their current brand. Smokers were given a list of reasons and asked if their decision to smoke their brand of cigarettes was based on any of those reasons. The majority of smokers reported that the taste was a factor in deciding to smoke their brand of cigarettes (64% at Wave 1; 73% at Wave 2; 66% at Wave 3; 67% at Wave 4) (see Figure 7). The next most commonly reported reason for choosing their brand of cigarettes was the price. Price as a reason for choosing their current brand increased from 30% at Wave 3 to 37% at Wave 4.

At Wave 4, the list of reasons for choosing a brand was expanded to include the brand name, pack design, pack colour, information from shopkeepers, and information from tobacco companies. The brand name was reported by 17% of smokers as being a part of their decision to smoke their brand. Less than 10% of smokers indicated that the pack design (8%), the pack colour (5%), information from shopkeepers (4%), or information from tobacco companies influenced their brand choice decision (see Figure 7).

Price as a reason for choosing their current brand increased from 30% of smokers at Wave 3 to 37% of smokers at Wave 4.

Figure 7. Smokers' reasons for choosing their regular brand of cigarettes, by wave*



* The solid lines represent frequencies adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted frequencies.
 † Unadjusted for smoking status.

Addiction and perceived addiction

A commonly accepted measure of dependence/addiction is the amount of time after waking before a smoker has their first cigarette of the day. A shorter period of time indicates a greater level of addiction. Smokers at each wave were asked “How soon after waking do you usually have your first cigarette?” Almost one in five daily smokers have their first cigarette within 5 minutes of waking up (17% at Wave 1; 17% at Wave 2; 19% at Wave 3; 18% at Wave 4) and over one-quarter have their first cigarette within 6 to 30 minutes after waking (28% at Wave 1; 28% at Wave 2; 28% at Wave 3; 29% at Wave 4). ITC cross-country comparison data show that the percentage of daily smokers in Uruguay who have a cigarette within 5 minutes of waking up is similar to Brazil, but more than double that of Mexico.

Over 90% of smokers “agree” or “strongly agree” that tobacco is addictive (95% at Wave 1; 91% at Wave 2; 92% at Wave 3; 94% at Wave 4). However, up to 14% of smokers do not believe they are addicted to cigarettes (12% at Wave 1; 12% at Wave 2; 14% at Wave 3; 14% at Wave 4) and almost one-third of smokers believe they are addicted to cigarettes, but “not much” (28% at Wave 1; 34% at Wave 2; 29% at Wave 3; 31% at Wave 4).

In addition, the percentage of smokers who thought that it would be “very” or “extremely” hard to go without smoking for a whole day increased between Wave 2 (27%) and Wave 3 (32%), but has now decreased to 26% at Wave 4. Conversely, the percentage of smokers who thought it would be “not at all” hard to go a whole day without smoking remained relatively the same at Waves 2 (39%) and 3 (41%), but has increased to 47% at Wave 4; however this increase is not significant.

Regret for initiating smoking

The ITC Uruguay Survey asked smokers how much they agreed or disagreed with the statement “*If you started over again, you would not smoke.*” At Wave 1, 65% of smokers “agreed” or “strongly agreed” with this statement. This percentage remained relatively the same at Wave 2 (64%), then increased to 72% at Wave 3 and remained steady at Wave 4 (70%).

Cross-country comparison data show that there is a high level of regret across ITC countries (see Figure 8). The percentage of smokers in Uruguay who regret smoking is similar to that of Mexico; however, overall, Uruguay ranks relatively low in comparison to other ITC countries.

Opinions and perceived norms on smoking

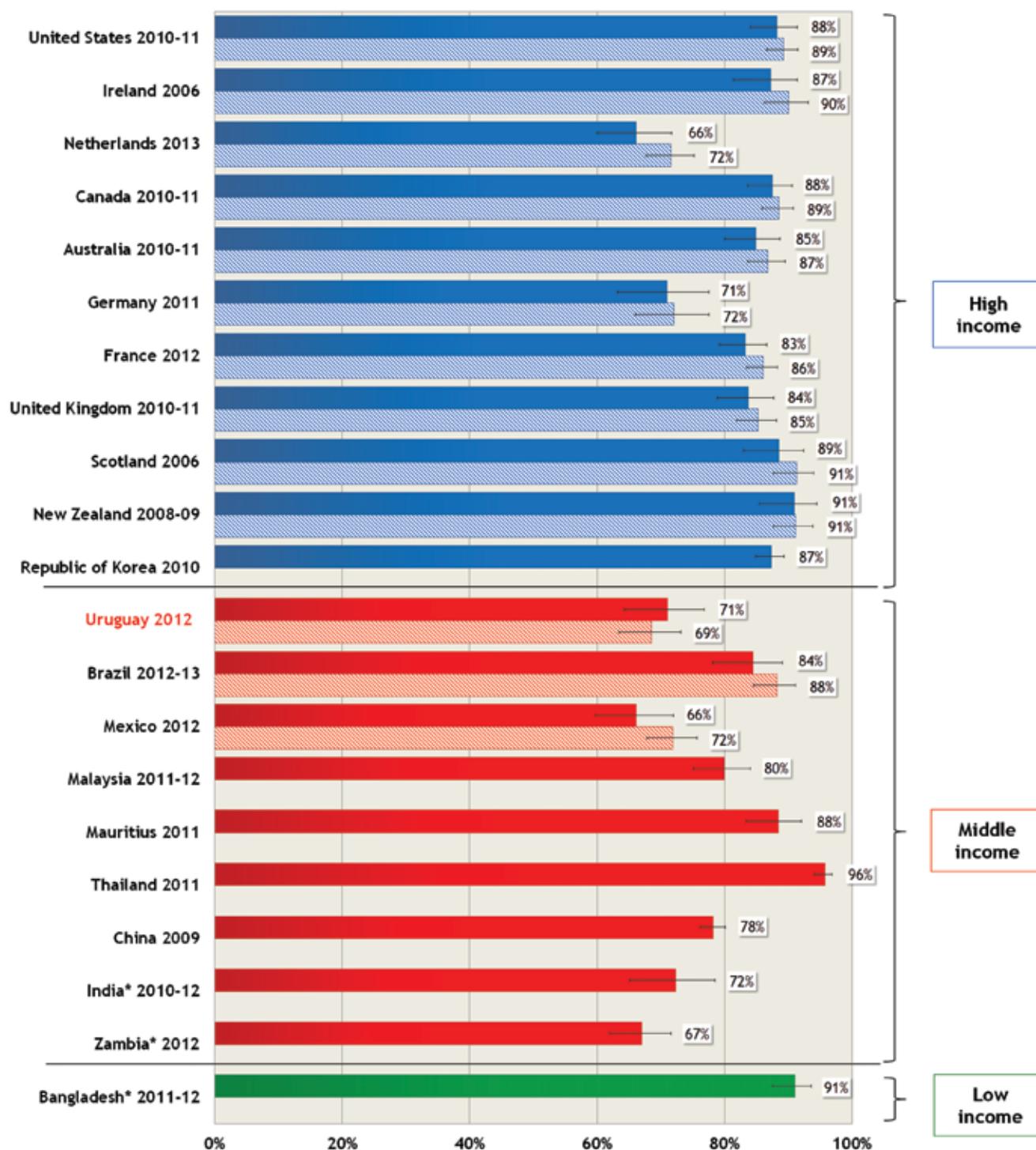
Opinion of smoking

Smokers were asked about their overall opinion of smoking at all four survey waves. Smokers were asked to give their opinion about smoking on a scale of “very positive” to “very negative.” Approximately half of smokers had a “negative” or “very negative” opinion of smoking at Waves 1 (49%) and 2 (43%). This percentage then increased to 58% at Wave 3 and then remained relatively the same at Wave 4 with 56% of smokers having a “negative” or “very negative” overall opinion of smoking.

Cross-country comparison data show that the percentage of male smokers in Uruguay with a “negative” or “very negative” opinion of smoking is positioned approximately in the middle of the 21 ITC countries; however, the percentage of smokers with a negative opinion of smoking is the third-highest among female smokers (see Figure 9).

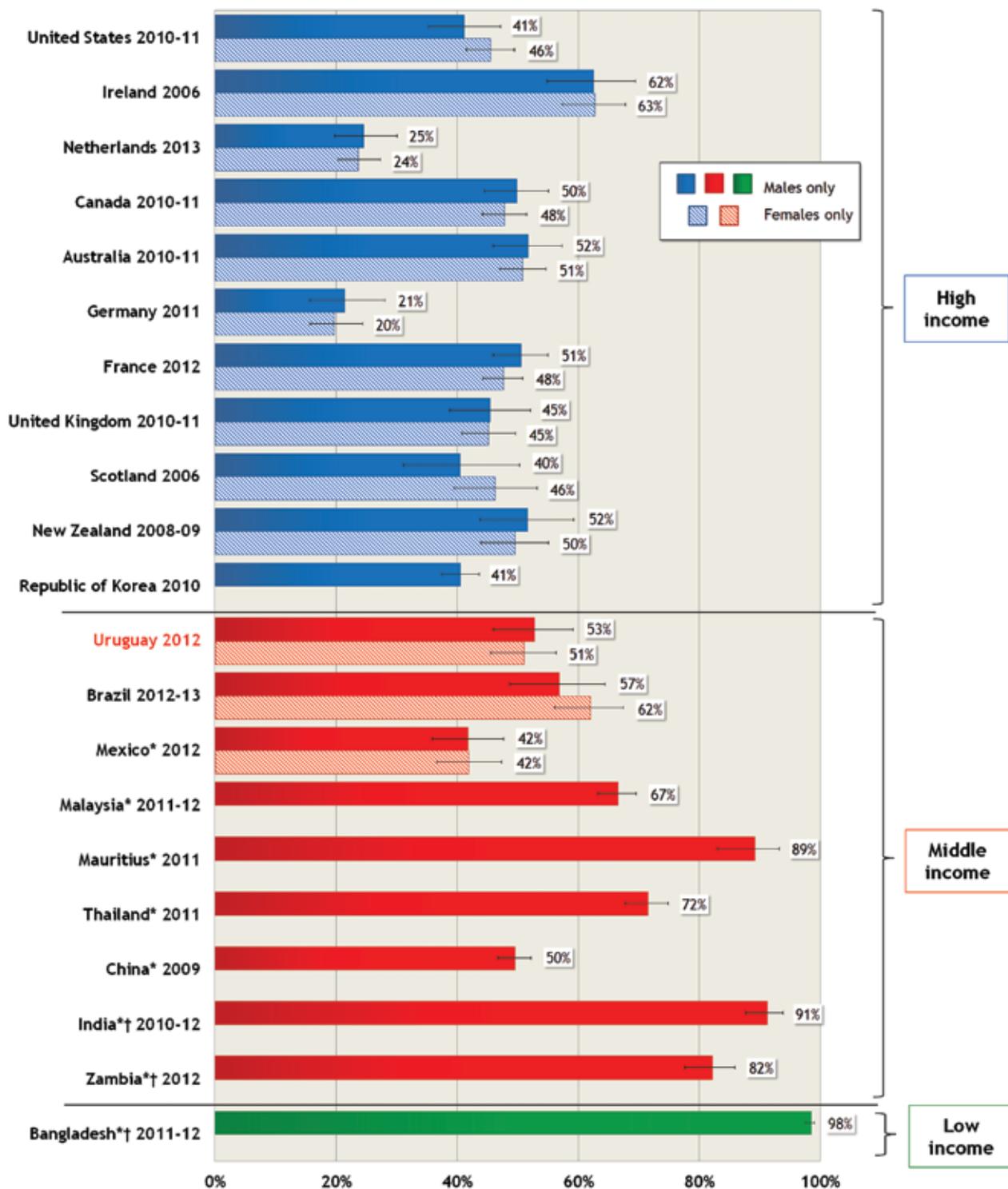
Cross-country comparison data show that there is a high level of regret across ITC countries. The percentage of smokers in Uruguay who regret smoking is similar to that of Mexico; however, overall, Uruguay ranks relatively low in comparison to other ITC countries.

Figure 8. Percentage of smokers who “agree” or “strongly agree” that if they had to do it over again, they would not have started smoking, by country



* For Bangladesh, India, and Zambia, dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) who reported smoking cigarettes were also included in the analysis.

Figure 9. Percentage of cigarette smokers whose overall opinion of smoking is “negative” or “very negative,” by country



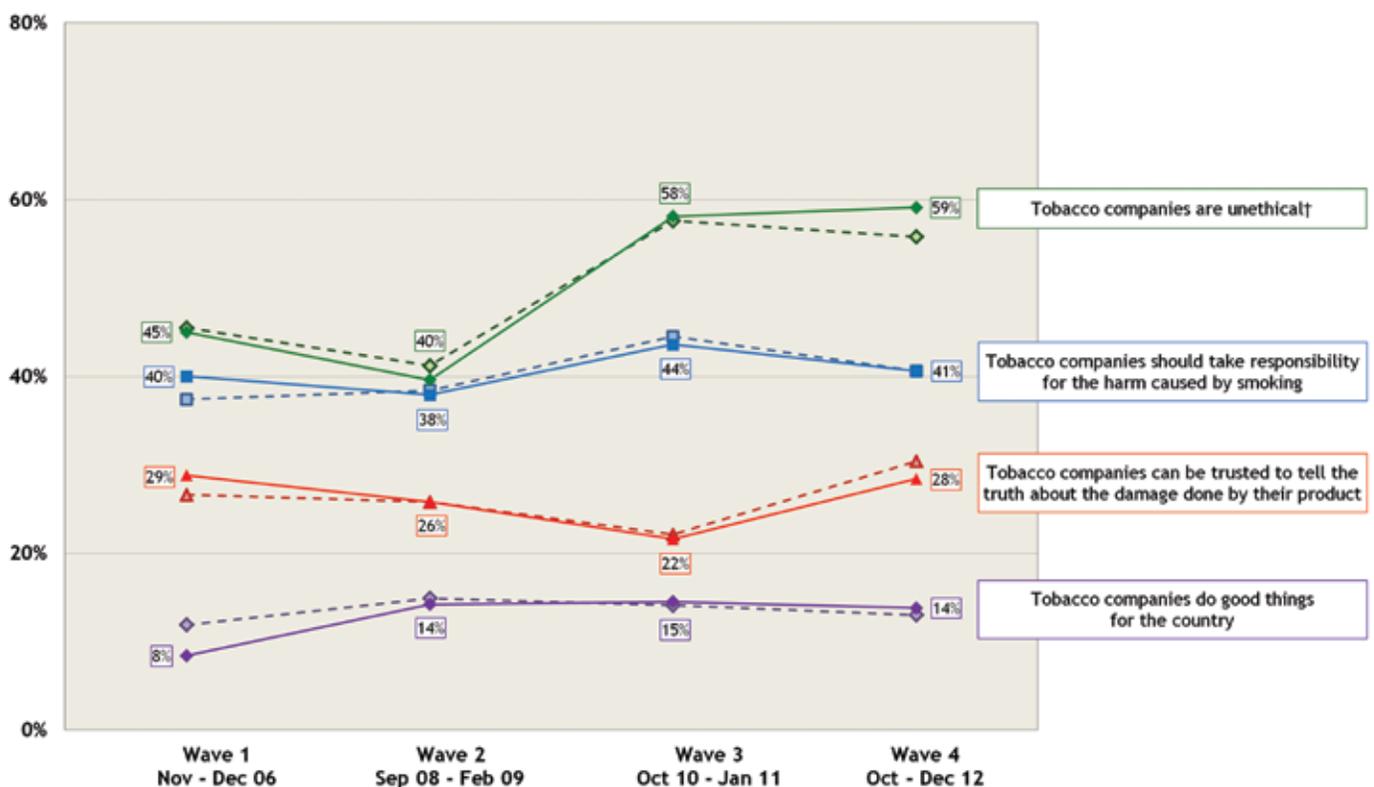
* Response options were “bad” or “very bad.”

† For Bangladesh, India, and Zambia, dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) who reported smoking cigarettes were also included in the analysis.

Opinions about tobacco companies

The ITC Uruguay Survey also included questions related to tobacco companies. Smokers were asked their level of agreement with each of the following statements: “Tobacco companies can be trusted to tell the truth about the damage done by their product,” “Tobacco companies should take responsibility for the harm caused by smoking,” “Tobacco companies do good things for the country,” and “Tobacco companies are unethical.” Figure 10 shows the percentage of smokers who “agreed” or “strongly agreed” with each statement. Of note is the increase in the percentage of smokers who agree that tobacco companies are unethical. Less than half of smokers agreed that tobacco companies are unethical at Waves 1 (45%) and 2 (40%), with this percentage increasing to approximately 60% at Waves 3 (58%) and 4 (59%). However, the percentage of smokers who “agree” or “strongly agree” that tobacco companies can be trusted to tell the truth about the damage done by their product has increased from 22% at Wave 3 to 28% at Wave 4.

Figure 10. Percentage of smokers who “agree” or “strongly agree” with the following statements regarding tobacco companies, by wave*



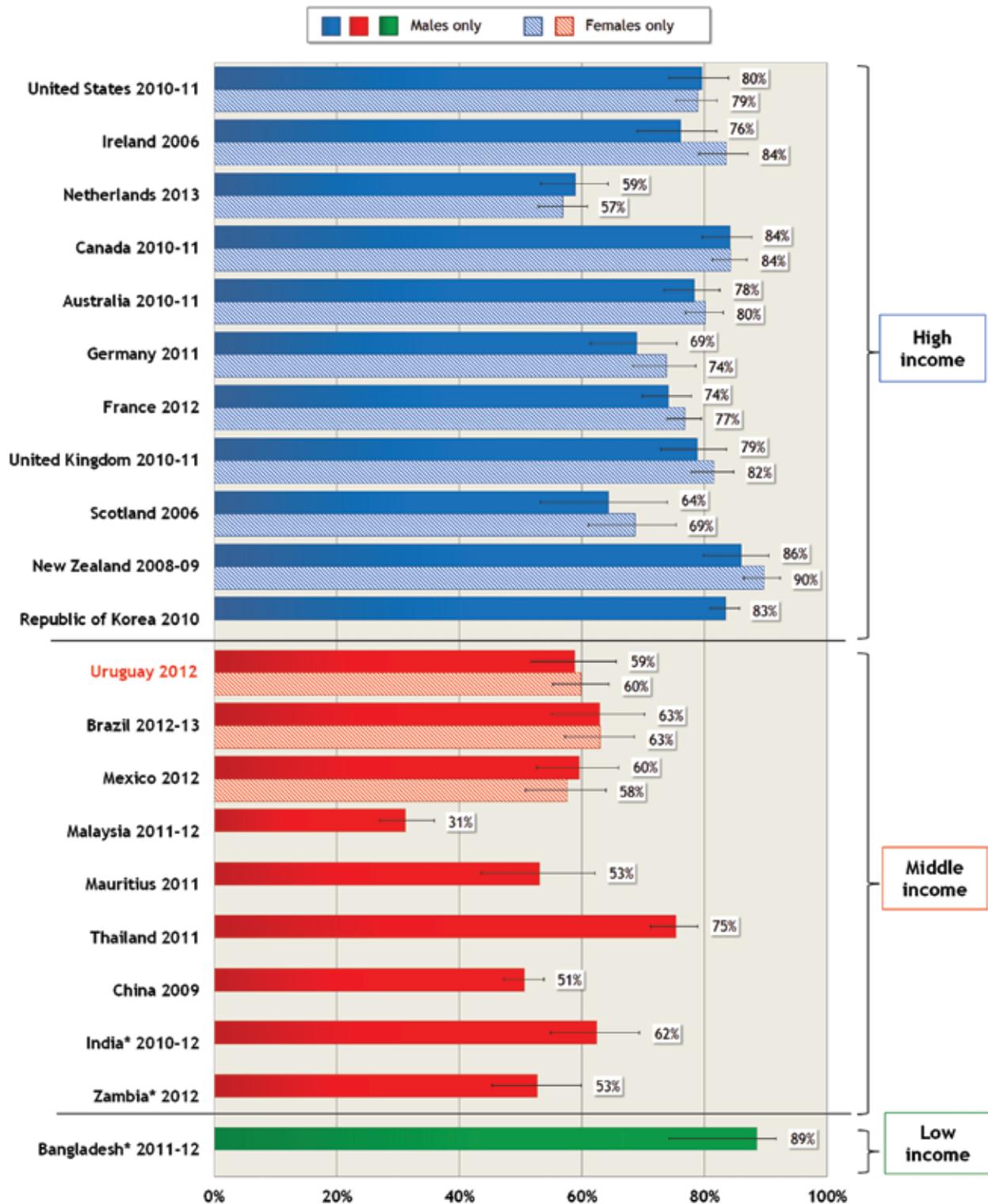
* The solid lines represent frequencies adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted frequencies.

† Unadjusted for city group (i.e., Montevideo vs. the inland cities)

Perceived norms about smoking

At Waves 1 to 4, smokers were also asked if Uruguayan society disapproves of smoking. About 60% of smokers at each wave “agreed” or “strongly agreed” with the statement (58% at Wave 1; 52% at Wave 2; 59% at Wave 3; 59% at Wave 4). Cross-country comparison data show that perceived societal disapproval by smokers in Uruguay is similar to Mexico and Brazil, but relatively low in comparison to other ITC countries (see Figure 11).

Figure 11. Percentage of smokers who “agree” or “strongly agree” that society disapproves of smoking, by country



* For Bangladesh, India, and Zambia, dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) who reported smoking cigarettes were also included in the analysis.

Conclusions

Almost all smokers in Uruguay are daily smokers. The majority also smoke factory-made cigarettes only, with this percentage increasing from about two-thirds of smokers to just over three-quarters of smokers between Waves 1 and 4. Less than 15% of smokers reported using only hand-rolled cigarettes at each wave.

Approximately one-third of smokers had heard of electronic cigarettes and of those, only 8% had ever tried them. However, among those who had heard of e-cigarettes, 71% believe that they are less harmful than regular cigarettes, leading to the concern that e-cigarettes may serve as a gateway to smoking initiation among youth. Currently, the sale of e-cigarettes is banned in Uruguay. Uruguay should continue to monitor research on the potential benefits and concerns of e-cigarette use to inform regulations.

The Wave 1 to 4 findings indicate that more than 60% of smokers think about the taste when they choose their brand and about one-third think about the price.

The percentage of smokers who have a negative opinion of smoking has increased over the survey period, however, the percentage who agree that society disapproves of smoking has remained relatively unchanged and is low in comparison to other ITC countries. This lower sense of disapproval may be in part due to Uruguay's strong smoke-free laws which may have created an environment where smoking is not viewed as so negative as long as it is not interfering with others' health. It is important to continue public awareness campaigns that focus on other aspects of the economic and social impacts of smoking, such as lost productivity, increased healthcare costs, and the pain and suffering experienced by families.

Although Uruguay is a leader in tobacco control, the increase in smokers' support for government action to remedy the harm done by smoking between Waves 1 and 4 to more than two-thirds of smokers suggests that the policy environment is favourable for the Uruguay government to implement even stronger tobacco control measures.

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SMOKING CESSATION

Article 14 of the FCTC obligates Parties to develop effective measures to promote the cessation of tobacco use, including programs for diagnosing, counselling, preventing, and treating tobacco dependence, as well as facilitating accessible and affordable treatments. Since 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. The 2008 Smoking Control Regulations (Law No. 18.256) also integrated tobacco dependence treatment into the national healthcare system. Nicotine replacement therapies in the form of nicotine gum and the prescription medication bupropion, are also fully subsidized by the government. In March 2013, a national toll-free telephone quitline service was initiated by the Ministry of Health and is promoted on cigarette packages.

The ITC Uruguay Survey includes a broad set of measures to assess motivational and behavioural factors related to quitting, including intentions to quit and reasons to think about quitting. The Survey also assesses the assistance received by smokers who are trying to quit.

Quitting behaviour

The majority of smokers reported that they have tried to quit smoking at some point in time (65% at Wave 1; 64% at Wave 2; 71% at Wave 3; 69% at Wave 4ⁱⁱ).

Among smokers who participated in both Waves 1 and 2 (N=501), 42% had made a quit attempt between survey waves. Similarly, among smokers who participated in Waves 2 and 3 (N=784), 39% had made a quit attempt between the survey waves. The percentage of smokers who made a quit attempt between Waves 3 and 4 increased to 44% (N=849)ⁱⁱⁱ.

Intentions to quit among current smokers

The ITC Uruguay Survey asked smokers about their plans to quit smoking. At Wave 4, approximately one-third (31%) of smokers indicated that they have no plans to quit smoking. This percentage has decreased since Wave 3 (36%) (see Figure 12). However, the percentage of smokers who are planning to quit within the next 6 months also decreased between Waves 3 (12%) and 4 (8%). Conversely, the percentage of smokers who plan to quit sometime in the future, beyond 6 months increased from 47% at Wave 3 to 54% at Wave 4, while the percentage planning to quit within the next month has remained relatively unchanged.

Reasons to think about quitting

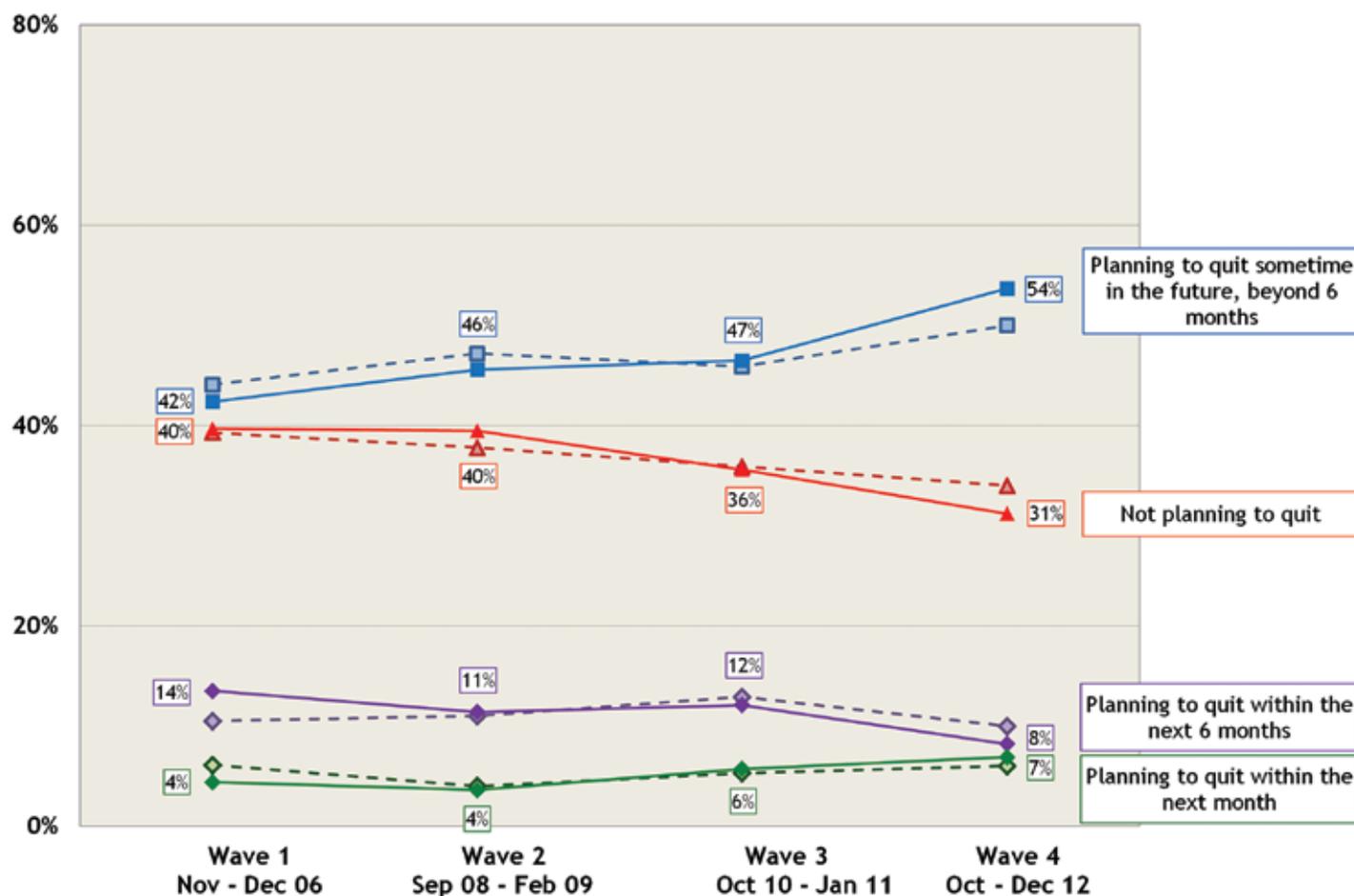
The ITC Uruguay Wave 1 to 4 Surveys asked smokers to report on the reasons that led them to think about quitting smoking in the last 6 months.

At all four waves, the majority of smokers reported that concern for their personal health led them to think about quitting smoking “somewhat” or “very much” in the last 6 months (see Figure 13). The next most frequently reported reasons for thinking about quitting smoking were family members worry about their health, the effect of smoke on non-smokers, and wanting to set an example for children.

ii. Among replenishment smokers only at Waves 2 to 4. Sample sizes were as follows: N=887 at Wave 1, N=792 at Wave 2; N=440 at Wave 3, and N=351 at Wave 4.

iii. The percentage of cohort smokers who made a quit attempt between survey waves is unadjusted for smoking status and time-in-sample.

Figure 12. Percentage of smokers who plan to quit smoking, by wave*



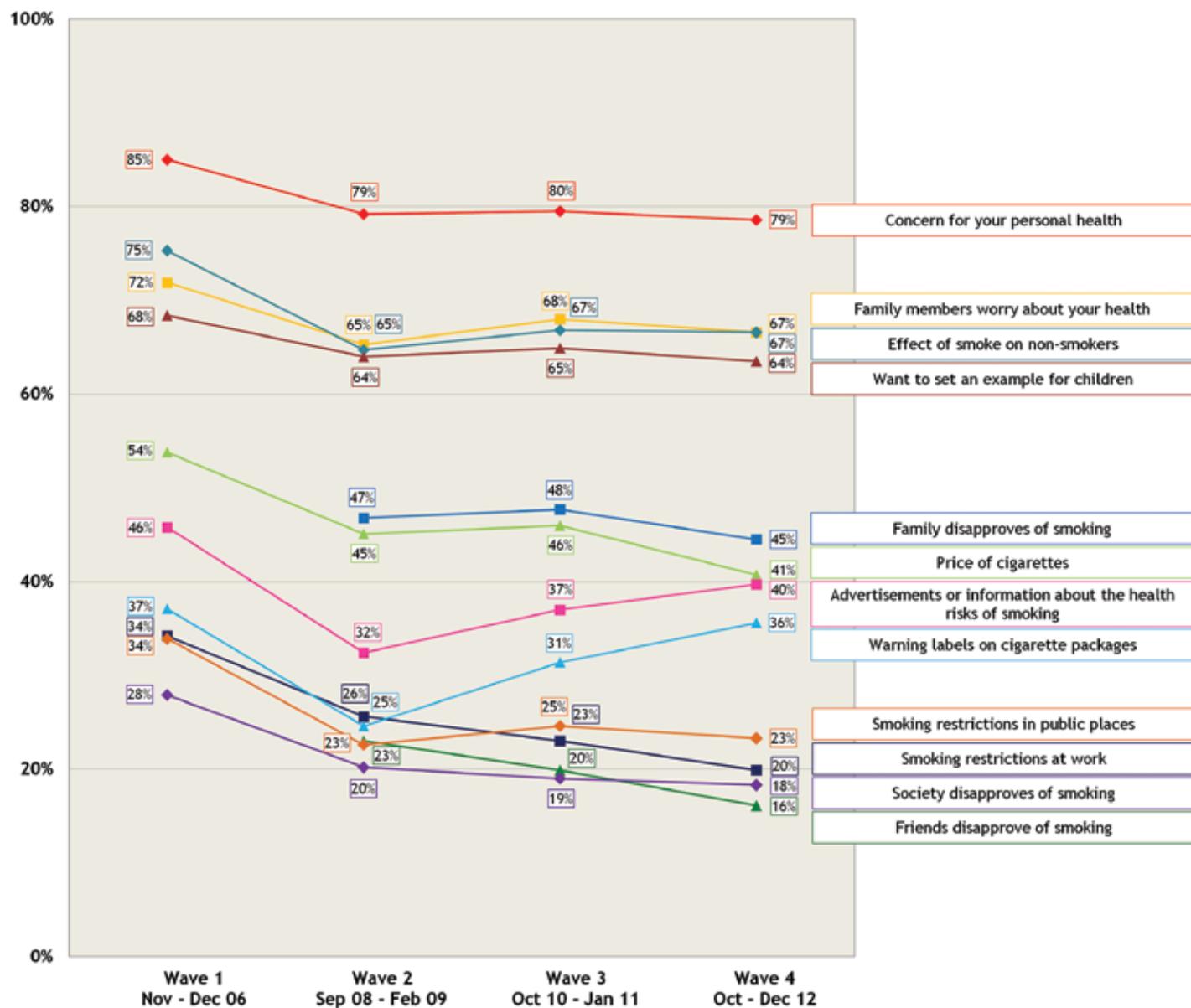
* The solid lines represent frequencies adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted frequencies.

Between Waves 3 and 4, the percentage of smokers reporting that the price of cigarettes led them to “somewhat” or “very much” think about quitting smoking in the last 6 months decreased from 46% to 41%. This decrease corresponds to an increase in the affordability of cigarettes (see the Tobacco Price and Tax section of this report). Friends’ disapproval of smoking as a reason to think about quitting was also less frequently reported at Wave 4 (16%) compared to Wave 3 (20%).

Of note is that advertisements or information about the health risks of smoking and warning labels on cigarette packages increased between Wave 2 and 4 as reasons to think about quitting. These increasing trends correspond to the implementation of the “Stage of Sickness” campaign in 2012 (see the Education, Communication, and Public Awareness section of this report) and the introduction of the Round 3, 4, and 5 warning labels (see the Packaging and Labelling section of this report).

Between Waves 3 and 4, the percentage of smokers reporting that the price of cigarettes led them to “somewhat” or “very much” think about quitting smoking in the last 6 months decreased from 46% to 41%. This decrease corresponds to an increase in the affordability of cigarettes.

Figure 13. Reasons that led smokers to think about quitting “somewhat” or “very much” in the last 6 months, by wave



After Wave 2, advertisements or information about the health risks of smoking and warning labels on cigarette packages increased as reasons to think about quitting, however only the change between Wave 2 and Wave 4 is significant. These increasing trends correspond to the implementation of the “Stage of Sickness” campaign in 2012 and the introduction of the Round 3, 4, and 5 warning labels.

Stop-smoking medications

At Waves 1 to 4, smokers were asked if they had heard about medications to help people stop smoking, including nicotine gum or patches, and stop-smoking pills. Approximately 90% of smokers had heard about these stop-smoking medications (89% at Wave 1; 90% at Wave 2; 93% at Wave 3; 95% at Wave 4). Among those cohort respondents who had heard of these medications at Wave 2, only 5% of them had used any of these medications since the last survey. This percentage increased to 15% at Wave 3 and was maintained at Wave 4 (17%).

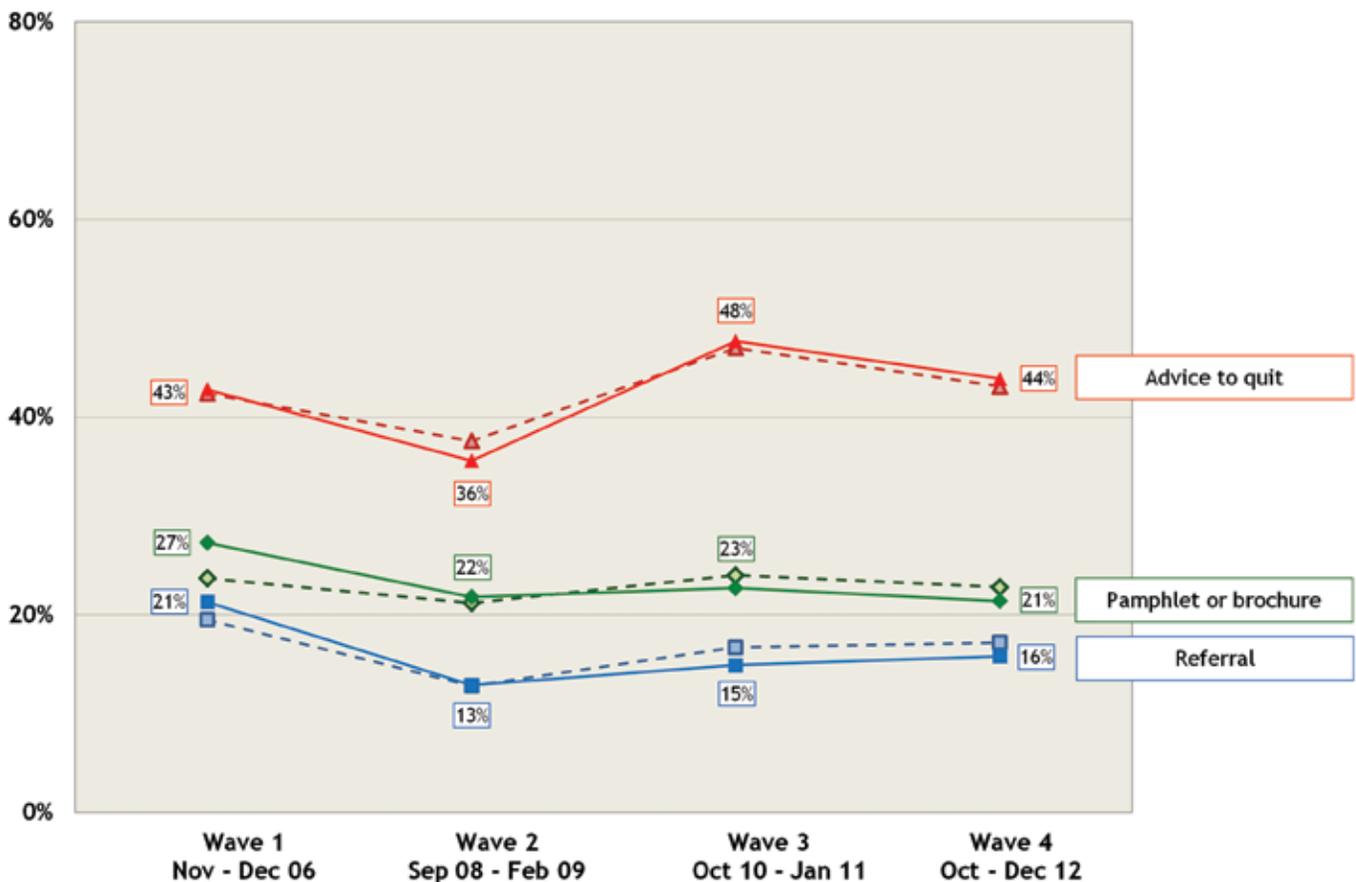
At Waves 2 to 4, replenishment smokers who indicated that they had ever tried to quit and cohort smokers who indicated that they had tried to quit since the previous survey were asked if they received any help on their last quit attempt, including stop-smoking medications. At Wave 2, 6% of smokers reported receiving help. This percentage increased to 16% at Wave 3 and then decreased to 9% at Wave 4.

Cessation assistance from health professionals

The ITC Uruguay Survey asked smokers whether they visited a doctor, nurse, or health professional in the last 12 months. 40% of smokers at Wave 1 reported a visit in the last 12 months; 60% at Wave 2; and 72% at Waves 3 and 4.

Among those smokers who reported visiting a doctor or other health professional in the last 12 months, the most frequently reported assistance received across Waves 1 to 4 was advice to quit smoking (see Figure 14). At Wave 4, almost one-quarter (21%) of smokers received pamphlets or brochures with information on how to quit, and 16% received an additional referral to another health service to help them quit.

Figure 14. Cessation assistance received by smokers who visited a doctor or other health professional in the last 12 months, by wave*

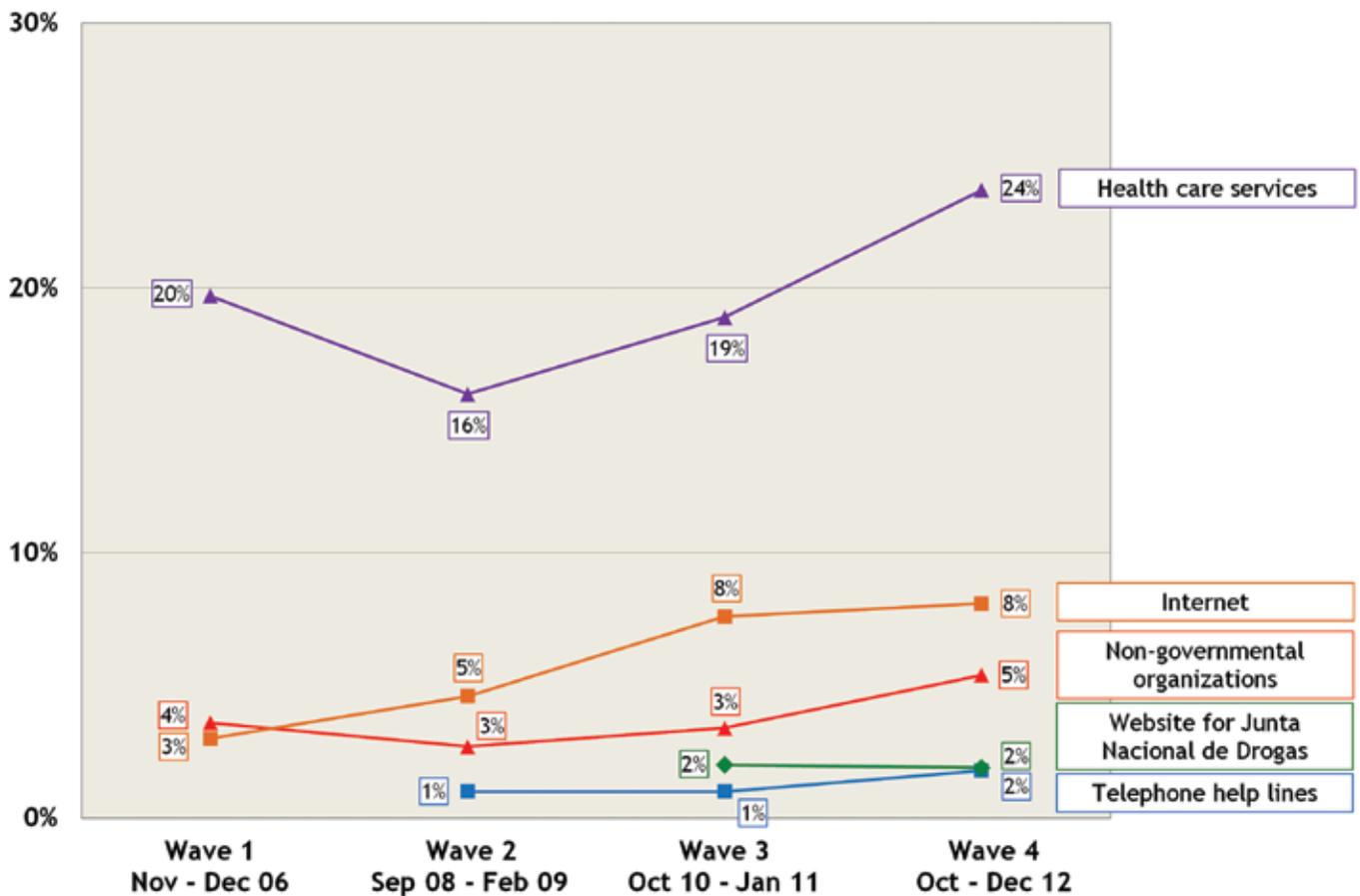


* The solid lines represent frequencies adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted frequencies.

Other cessation assistance received

Smokers were also asked if they received any other forms of cessation assistance in the last 6 months. Overall, there was an increase in the percentage of smokers reporting receiving information about quitting smoking from health care services (i.e., hospitals, walk-in clinics, or specialists), the Internet, and non-governmental organizations. However, only the increase in receiving information about quitting smoking from the Internet was significant (see Figure 15). Approximately 2% of smokers reported receiving quitting information from telephone helplines or the website for Junta Nacional de Drogas (National Drug Board).

Figure 15. Percentage of smokers who received information about quitting from various sources, by wave

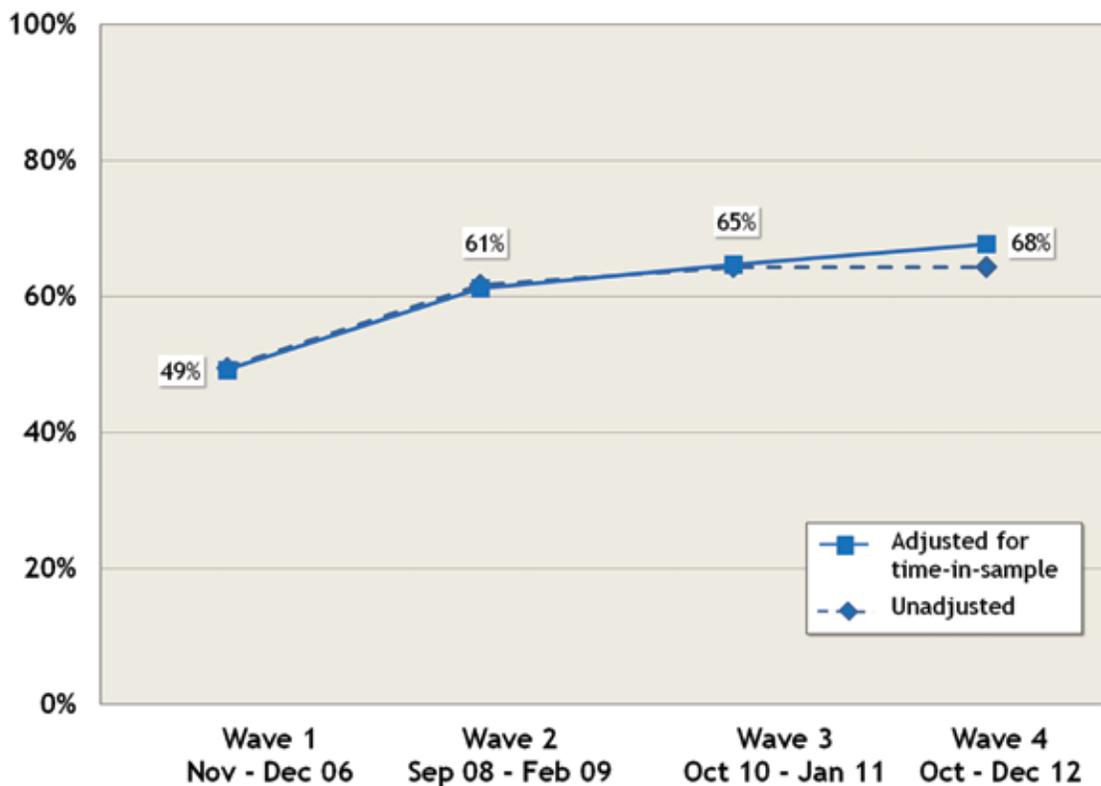


Overall, there was an increase in the percentage of smokers reporting receiving information about quitting smoking from health care services (i.e., hospitals, walk-in clinics, or specialists), the Internet, and non-governmental organizations. However, only the increase in receiving information about quitting smoking from the Internet was significant.

Opinion about government action

Smokers were also asked if they agreed or disagreed with the statement “*The government should work more to remedy the harm done by smoking.*” Approximately half (49%) of smokers “agreed” or “strongly agreed” with this statement at Wave 1. This percentage increased to 61% at Wave 2, and then remained relatively the same at Wave 3 (65%). At Wave 4, 68% of smokers agreed that the government should do more to remedy the harm done by smoking (see Figure 16).

Figure 16. Percentage of smokers who “agree” or “strongly agree” that the government should work more to remedy the harm done by smoking, by wave



Support for ban on tobacco products

At Wave 4, smokers were asked if they would support or oppose a total ban on tobacco products within 10 years, if the government provided assistance such as cessation clinics to help smokers quit. Almost three-quarters (74%) of smokers reported that they would “strongly support” or “support” a total ban if government assistance was provided to help smokers quit.

Almost three-quarters (74%) of smokers reported that they would “strongly support” or “support” a total ban on tobacco products within 10 years if the government provided assistance such as cessation clinics to help smokers quit.

Conclusions

About two-thirds of smokers reported ever having made a quit attempt; however, about one-third of smokers have no plans to quit. Concern for personal health, family members worrying about your health, the effect of smoke on non-smokers, and wanting to set an example for children were the most frequently reported reasons for thinking about quitting in the last 6 months. The price of cigarettes decreased as a reason to quit, reflecting the increase in affordability of cigarettes. Advertising or information about the health risks of smoking and warning labels increased as reasons to quit, suggesting the strong salience of media campaigns and frequently changing large pictorial warnings. A recent study by the National Bureau of Economic Research (NBER) provides preliminary evidence to suggest that Uruguay's comprehensive set of tobacco control policies has significantly increased the percentage of pregnant smokers who quit by their third trimester, resulting in an overall increase in the birth weight of newborns.⁵⁶ The study looked at the association between various tobacco control measures implemented in Uruguay, including the introduction of programs to treat nicotine dependence at health centres, various rounds of graphic warning labels, banning tobacco advertising, and the restriction of brands to a single presentation. Each policy was found to be associated with a significant increase in the rate of quitting, suggesting that non-price policies may also have a strong impact on smoking cessation.

Increasing use of stop-smoking medications between Wave 2 and Wave 3 (from 5% to 15% of those who had heard of the them) could reflect the March 2008 law implemented 7 months before Wave 2 which integrated smoking cessation services into the National health care system.

Almost half of smokers who visited a doctor or other health professional in the last 12 months received advice to quit, while less than one-quarter received a pamphlet or brochure, or a referral to another health service. Although less than one-quarter of smokers also received information about quitting from other sources such as other healthcare services, the Internet, and non-governmental organizations, the Internet as a source of information about quitting has increased over time. The Wave 5 Survey will evaluate smokers' use of the national quitline as a source of information to help them to quit.

Findings from the ITC Uruguay Wave 1 to 4 Surveys also show that about two-thirds (68%) of smokers "agree" or "strongly agree" that the government should do more to remedy the harm done by smoking, and three-quarters (74%) of smokers "strongly support" or "support" a total ban on tobacco products if the government provided assistance such as cessation clinics to help smokers quit. These findings suggest that in addition to promoting quitting among pregnant women who smoke, the continued implementation of strong tobacco control policies in Uruguay may help to further promote cessation among all smokers.

Findings from the ITC Uruguay Wave 1 to 4 Surveys show that about two-thirds (68%) of smokers "agree" or "strongly agree" that the government should do more to remedy the harm done by smoking, and three-quarters (74%) of smokers "strongly support" or "support" a total ban on tobacco products if the government provided assistance such as cessation clinics to help smokers quit.

SMOKE-FREE PUBLIC PLACES

Article 8 of the FCTC obligates the Parties to implement effective legislation and other measures that will provide protection from exposure to tobacco smoke in indoor workplaces, public places, public transport, and, as appropriate, other public places.

Uruguay has had a comprehensive indoor smoking ban in place since March 1, 2006. Smoking is prohibited in all indoor workplaces and public places, including restaurants, bars, and public transportation, without exceptions. The ITC Uruguay Wave 1 (2006) Survey was conducted approximately 9 months after the introduction of the comprehensive smoking ban. The Wave 2 (2008-2009), Wave 3 (2010-2011), and Wave 4 (2012) Surveys were conducted after the national smoking ban was in effect for approximately 3, 4, and 6 years, respectively.

Smoking in Indoor Workplaces

Noticing smoking in workplaces

At Waves 2 to 4, smokers who worked indoors were asked whether they noticed people smoking in indoor areas where they work in the last 6 months. Approximately one-quarter of smokers reported noticing people smoking indoors at their workplaces at each wave (21% at Wave 2; 25% at Wave 3; 25% at Wave 4) (see Figure 17).

Support for smoking bans in indoor workplaces

Smokers in Uruguay strongly support the comprehensive ban on smoking in indoor workplaces. At Wave 1, just over half (54%) of smokers thought that smoking should “not be allowed at all” in indoor areas of workplaces. At Wave 2, 86% of smokers “agreed” or “strongly agreed” that smoking should be banned in all indoor areas of workplaces. This percentage increased at Wave 3 to 91% and then remained the same at Wave 4 (92%) (see Figure 18).

Cross-country comparison data also show that support for smoking bans in the workplace is high in Uruguay compared to other ITC countries (see Figure 19).

Figure 17. Percentage of smokers who noticed people smoking in indoor areas of their workplace in the last 6 months, by wave

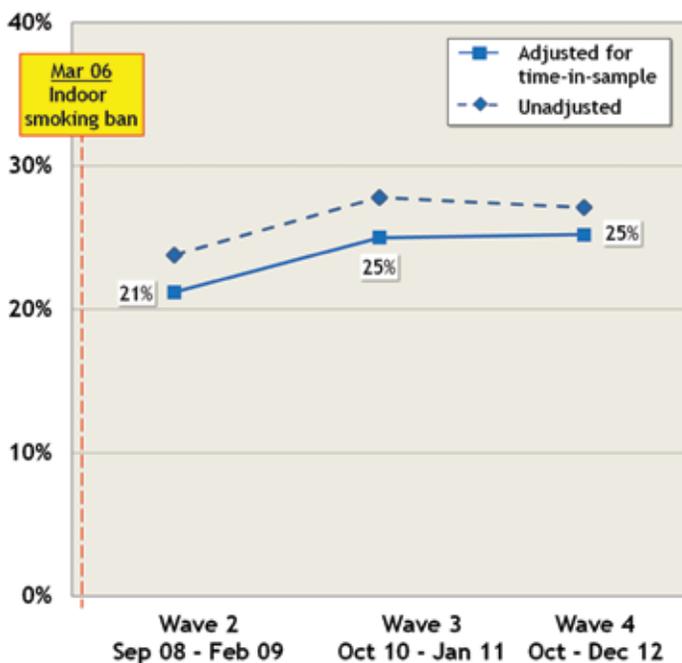


Figure 18. Percentage of smokers who “agree” or “strongly agree” that smoking should be banned in all indoor areas of workplaces, by wave

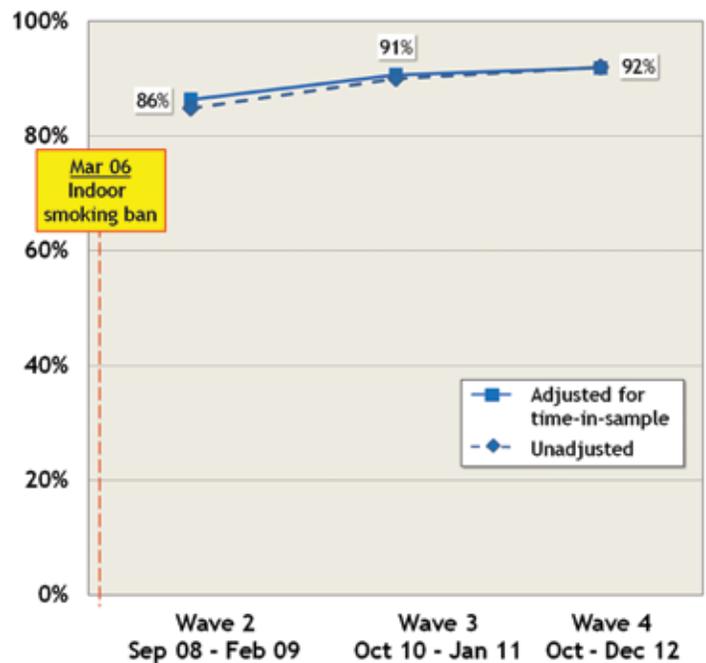
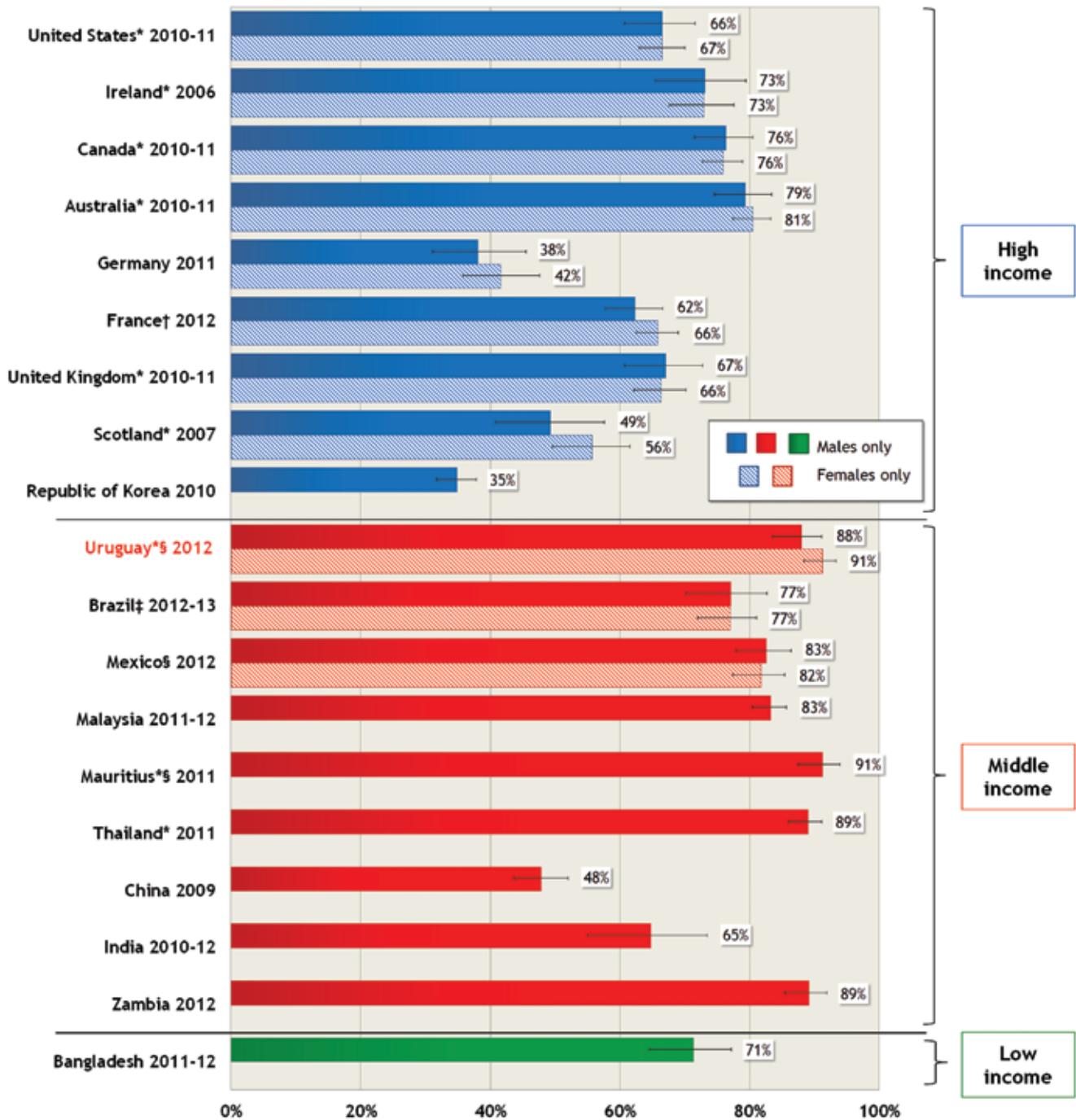


Figure 19. Percentage of smokers who think smoking should “not be allowed at all” in workplaces, by country



* Countries with a complete smoking ban in workplaces in effect at time of survey.

† The smoking ban in France is “nearly” comprehensive as designated smoking rooms are permitted, however there are strict technical requirements for their construction.

‡ Brazil implemented a complete smoking ban in workplaces, bars, and restaurants prior to the time of survey, however, regulations for implementation have not been defined at time of survey.

§ For Mexico and Uruguay, estimates are presented for those who “agree” or “strongly agree” that smoking should be banned in indoor areas of workplaces. For Mauritius, estimates are presented for those who “support” or “strongly support” a complete smoking ban in workplaces.

Smoking in Restaurants and Bars

Noticing smoking in restaurants and cafés

At Waves 2 to 4, smokers who had visited a restaurant or café in the last 6 months were asked if they had noticed people smoking indoors during their last visit. The prevalence of indoor smoking in these venues was low and stable – 5% at all three most recent waves (see Figure 20).

Support for smoking bans in restaurants and cafés

Smokers’ support for the ban on smoking indoors in restaurants and cafés has increased since the implementation of the ban. At Wave 1, almost half (47%) of smokers thought that smoking should “not be allowed at all” in indoor areas of restaurants and cafés. At Wave 2, 79% of smokers “agreed” or “strongly agreed” that smoking should be banned in all indoor areas of restaurants and cafés. This percentage increased to 86% at Wave 3 and further increased to 90% at Wave 4 (see Figure 21).

Smokers’ support for the ban on smoking indoors in restaurants and cafés has increased dramatically since the implementation of the ban. At Wave 4, there was almost unanimous (90%) support for the ban among smokers.

Figure 20. Percentage of smokers who noticed people smoking inside restaurants or cafés, among those who visited a restaurant or café in the last 6 months, by wave

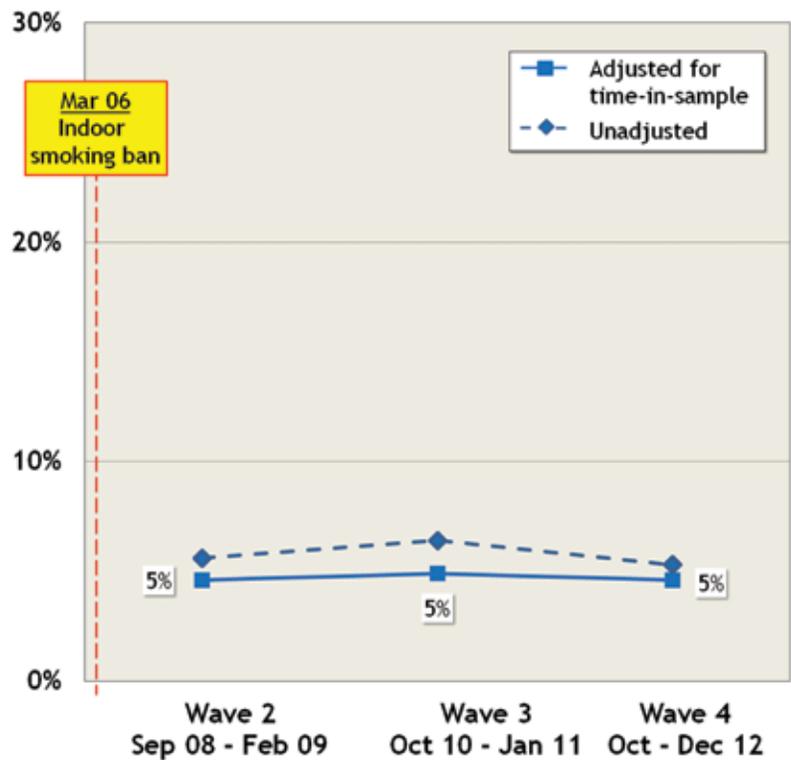
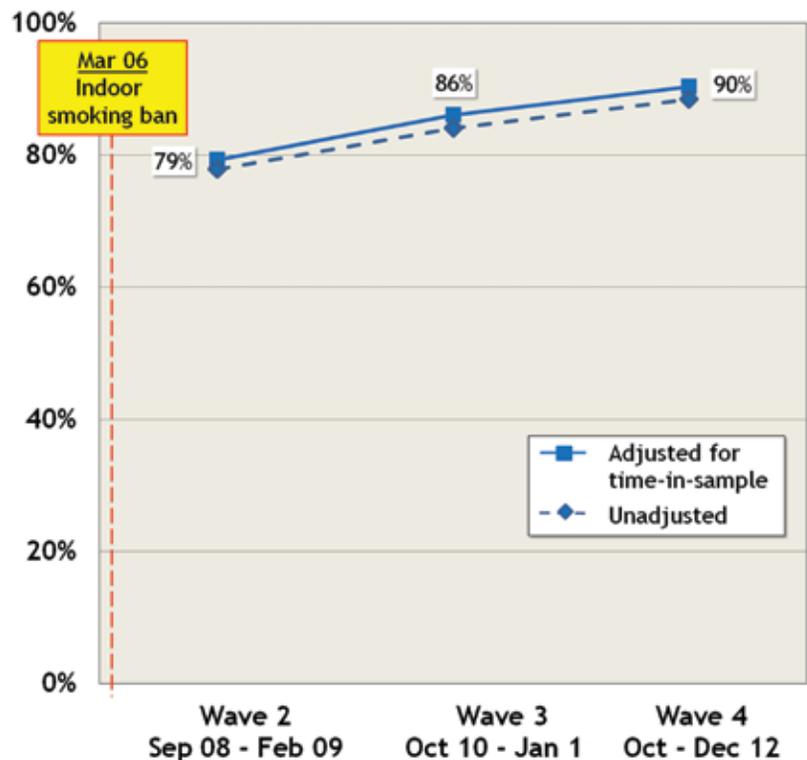


Figure 21. Percentage of smokers who “agree” or “strongly agree” that smoking should be banned in indoor areas of restaurants and cafés, by wave



Noticing smoking in bars

At Waves 2 to 4, smokers who had visited a bar in the last 6 months were asked if they had noticed people smoking indoors during their last visit at Waves 2 to 4. Approximately 10% of smokers reported noticing people smoking indoors at each wave (8% at Wave 2; 10% at Wave 3; 11% at Wave 4) (see Figure 22).

Support for smoking bans in bars and cantinas

At Wave 1, about one-third (32%) of smokers thought that smoking should “not be allowed at all” in indoor areas of bars and cantinas. At Wave 2, 70% of smokers “agreed” or “strongly agreed” that smoking should be banned in all indoor areas of these venues. This percentage increased to 80% at Wave 3 and 82% at Wave 4 (see Figure 23).

Support for smoking bans in other public places

The ITC Uruguay Survey measured smokers’ support for smoking bans across a range of indoor and outdoor public venues. In general, smokers’ support for bans in indoor public venues is strong, while support is weaker for outdoor smoking bans (see Figure 24).

Nightclubs and pubs

There has been an increase in the percentage of smokers who support smoking bans in nightclubs and pubs. At Wave 2, 68% of smokers “agreed” or “strongly agreed” that smoking should be banned in all indoor areas of nightclubs and pubs. This percentage increased to 78% at Wave 3 and further increased to 83% at Wave 4.

Hotels

Between Wave 2 and Wave 3, the percentage of smokers who “agreed” or “strongly agreed” that smoking should be banned inside hotels increased from 72% to 78%. At Wave 4, support for smoking bans in indoor areas of hotels remained relatively unchanged (82%).

Figure 22. Percentage of smokers who noticed people smoking inside bars, among those who visited a bar in the last 6 months, by wave

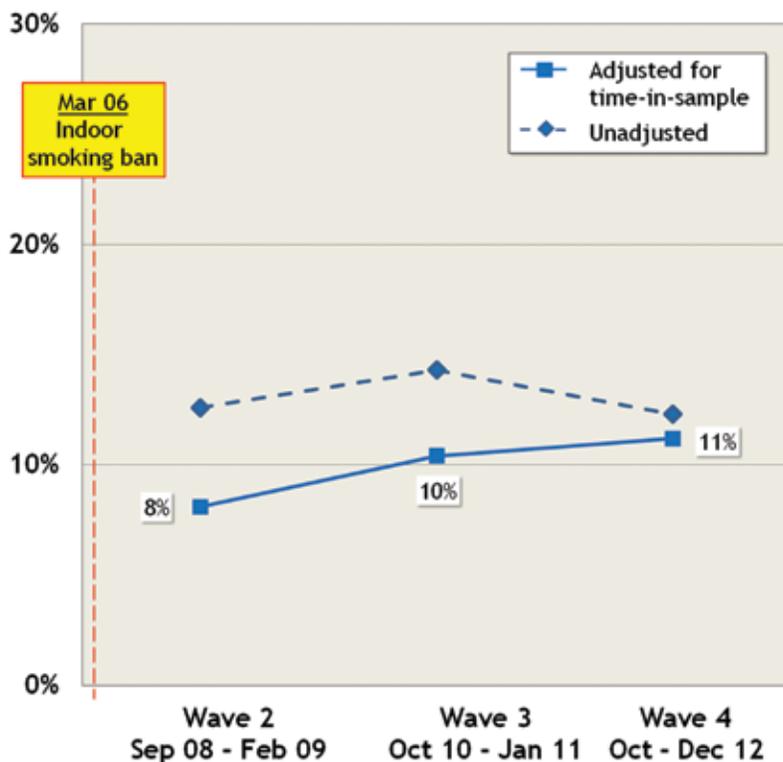


Figure 23. Percentage of smokers who “agree” or “strongly agree” that smoking should be banned in indoor areas of bars and cantinas, by wave

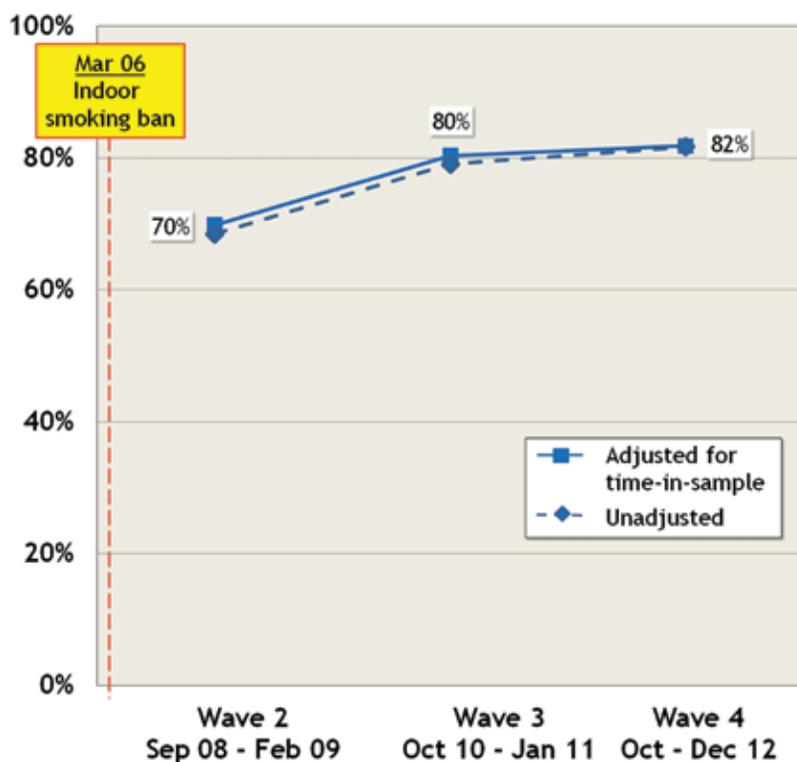
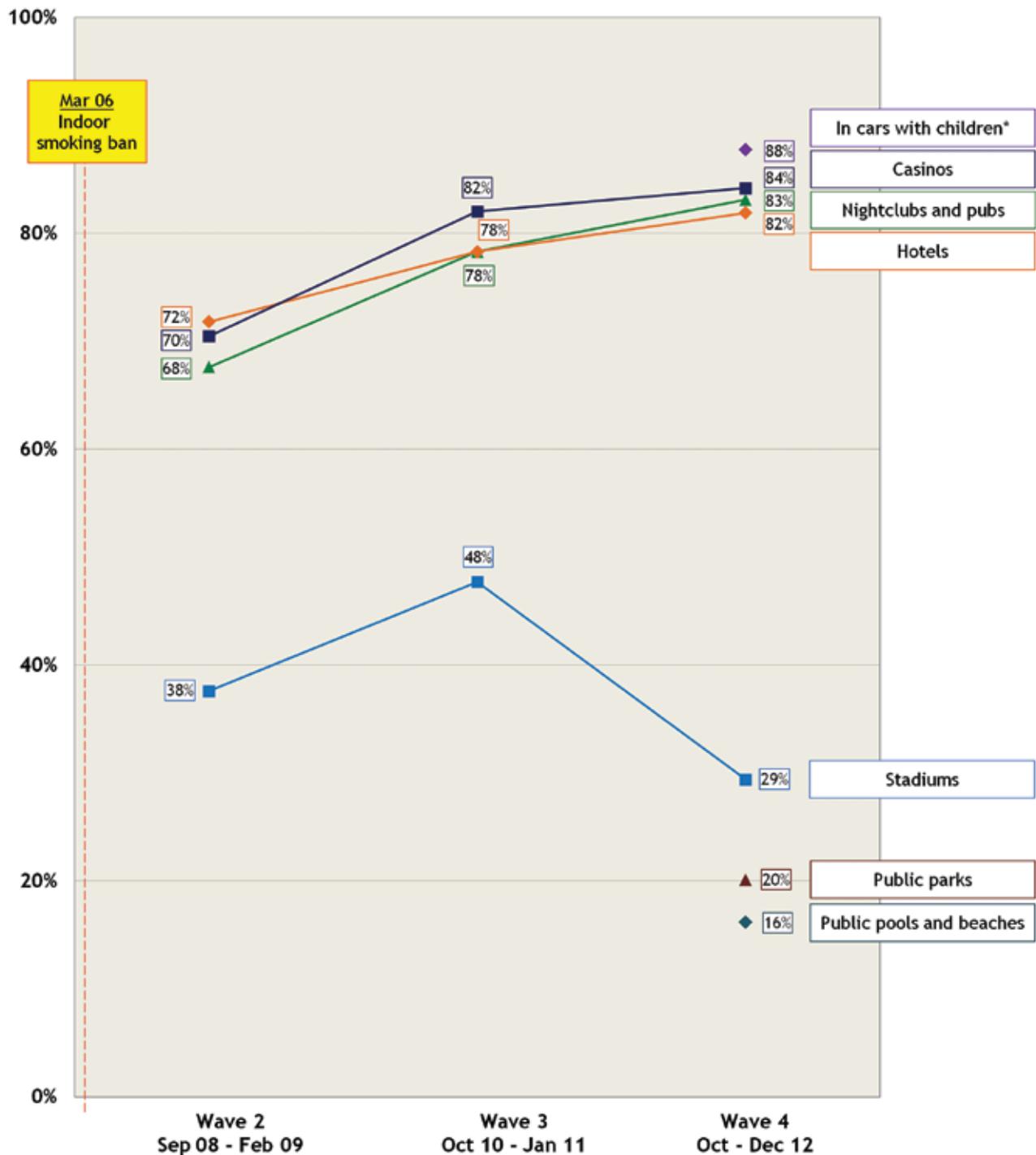


Figure 24. Percentage of smokers who “agree” or “strongly agree” that smoking should be banned in all indoor areas of various venues, by wave



* Question asked "Would you support a law that banned smoking in cars when children are in them?" The percentage of respondents who answered "yes" is shown.

Casinos

Similar to the support of smoking bans in indoor areas of hotels, the percentage of smokers who “agreed” or “strongly agreed” that smoking should be banned inside casinos increased between Wave 2 (70%) and Wave 3 (82%), and then remained steady at Wave 4 (84%).

Stadiums

At Wave 2, 38% of smokers “agreed” or “strongly agreed” that smoking should be banned in areas inside and outside of stadiums. This percentage increased to 48% at Wave 3. At Wave 4, support decreased with only 29% of smokers supporting a smoking ban in indoor areas of stadiums.

Public pools and beaches

At Wave 4, smokers were asked if they support banning smoking at public swimming pools and beaches. Only 16% of smokers “agreed” or “strongly agreed” that smoking should be banned at these places.

Public parks

Smokers at Wave 4 were also asked if they agree or disagree that smoking should be banned in public parks. One-fifth (20%) of smokers “agreed” or “strongly agreed” with banning smoking in parks.

Smoking in the home

The ITC Uruguay Wave 1 to 4 Surveys asked smokers about their rules for smoking inside their home. At Wave 1, 21% of smokers reported that smoking is never allowed in any indoor area. At Wave 2, this percentage increased to 27%, and then further increased to 32% at Wave 3 and 37% at Wave 4 (see Figure 25). The individual differences between wave increases are not significant; however, the overall increase in home smoking bans from Wave 1 to Wave 4 is significant. Despite this increase, the percentage of smokers who have adopted home smoking bans in Uruguay is relatively low compared to smokers in Brazil and Mexico (see Figure 26).

Figure 25. Percentage of smokers who reported that smoking is never allowed in any indoor area of their home, by wave

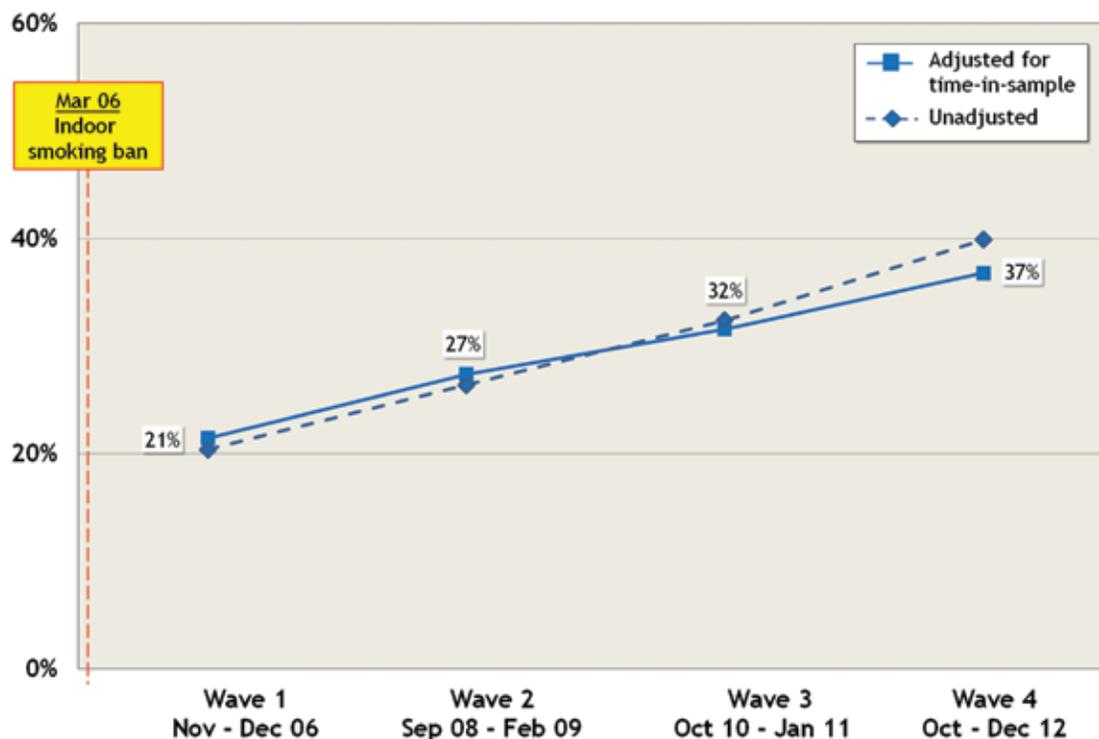
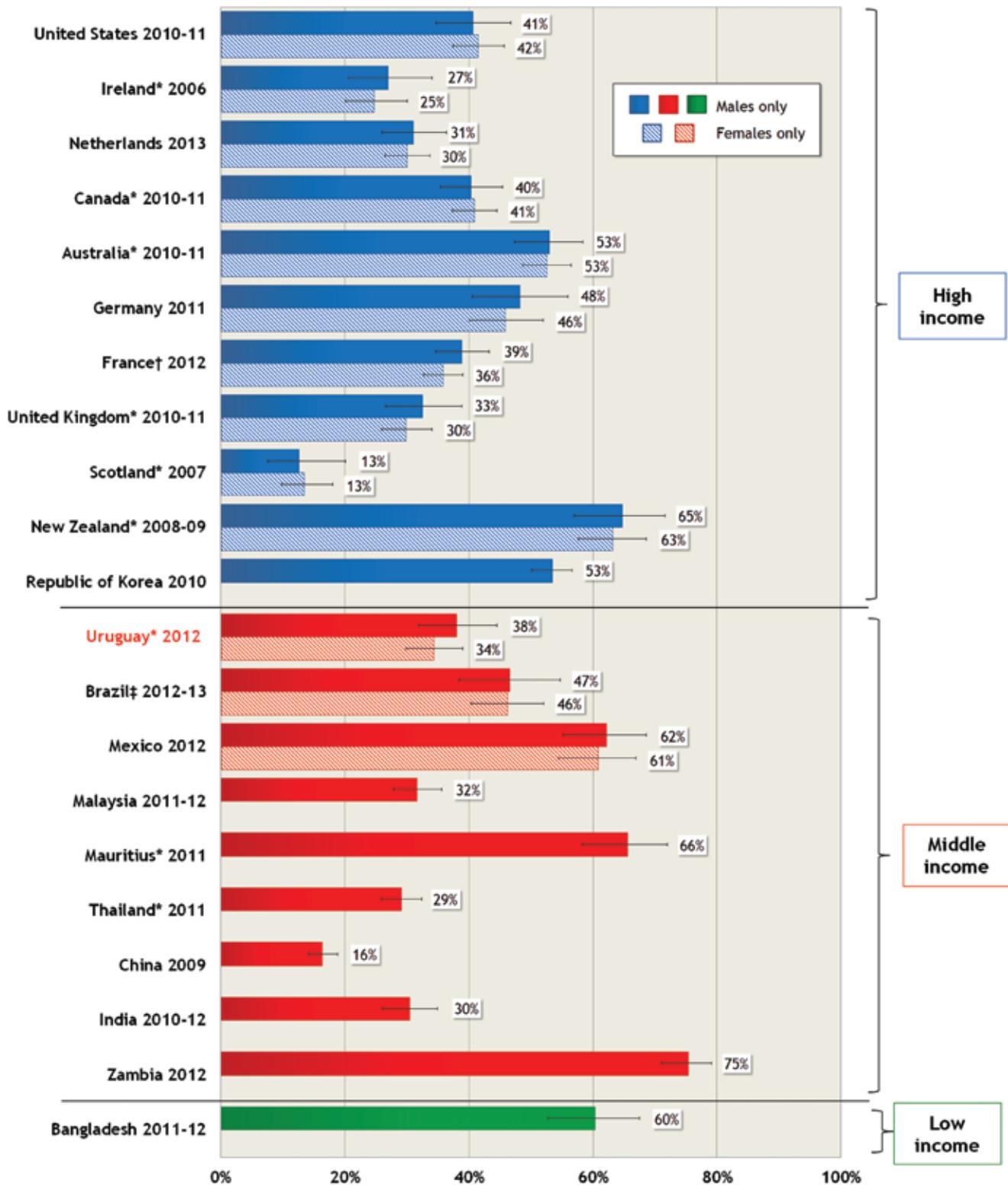


Figure 26. Percentage of smokers who reported that smoking is never allowed inside their home, by country



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

† The smoking ban in France is "nearly" comprehensive as designated smoking rooms are permitted, however there are strict technical requirements for their construction.

‡ Brazil implemented a complete smoking ban in workplaces, bars, and restaurants prior to the time of survey, however, regulations for implementation have not been defined at time of survey.

At Wave 4, smokers were also asked how concerned they are that the health of children (those under 18 years old) in their household will be hurt if they smoke in their presence. Among those who had children present in their household, 8% reported that they do not smoke in the presence of children, and among those who do smoke in front of children in their household, 70% were “very” or “extremely” concerned about the impact on their children’s health. Few smokers (5%) were not concerned about how their smoking may hurt the children in their household.

Smoking in cars with children

Uruguay does not currently have a ban on smoking in cars with children. The Wave 3 and 4 Surveys asked smokers who have a family car about their rules on smoking in cars with children and the Wave 4 Survey measured smokers’ support for a ban on smoking in cars.

At Wave 3, 81% of smokers who have a family car reported that smoking is “never allowed” when there are children in the car. This percentage remained relatively the same at Wave 4 (84%).

At Wave 4, all smokers were also asked if they would support a law that banned smoking in cars when children are in them. The majority (88%) of smokers said they would support this ban (see Figure 24).

Conclusions

Findings from the ITC Uruguay Waves 1 to 4 Surveys show that the majority of smokers support comprehensive smoke-free laws in workplaces, restaurants, bars, and other public places including nightclubs and pubs, hotels, and casinos. However, support for smoking bans in stadiums decreased at Wave 4, and less than 20% of smokers “agree” or “strongly agree” that smoking should be banned in public parks or public pools and beaches.

Despite the national smoking ban and the high support for smoking bans in workplaces, one-quarter (25%) of smokers who work indoors continue to notice people smoking indoors at their workplace. Stronger enforcement of smoking bans in workplaces is needed in order to ensure that all employees are protected against exposure to secondhand smoke.

Since Wave 1, the percentage of smokers with home smoking bans has increased to just over one-third (37%), however, this percentage is still low in comparison to Brazil and Mexico. Sustained funding for mass media campaigns to educate the public about the harms of secondhand smoke may be helpful to not only increase the effectiveness of the smoke-free laws, but also to further increase the adoption of home smoking bans.

Over 80% of smokers with a family car reported that smoking is “never allowed” when children are in the car. This finding combined with the high support for a ban on smoking in cars with children suggests that Uruguay is well-positioned to adopt smoke-free car legislation. Laws banning smoking in cars when children are present have already been implemented in a number of countries including Canada, South Africa, Cyprus, and Bahrain. Mauritius has also banned smoking in cars carrying passengers of any age.

Over 80% of smokers with a family car reported that smoking is “never allowed” when children are in the car. This finding, combined with the high support for a ban on smoking in cars with children suggests that Uruguay is well-positioned to adopt smoke-free car legislation.

PACKAGING AND LABELLING

Article 11 of the FCTC obligates Parties to develop effective packaging and labelling measures. The Article 11 Implementation Guidelines provide recommendations for effective health warnings including the location, size, use of pictorial images, and rotation of messages. Article 11 also calls for Parties to develop tobacco product packaging requirements that do not mislead the consumer about the product's characteristics or level of harmfulness; these include bans on the use of words such as "light" and "mild."

Since April 2006, Uruguay has implemented seven rounds of pictorial health warnings. The ITC Uruguay Wave 1 (2006) Survey was conducted approximately 7 months after the implementation of the Round 1 pictorial warning labels, which included eight symbolic images and covered the bottom 50% of the front and back of the package. The Round 2 pictorial warnings were implemented in February 2008, between the Wave 1 (2006) and Wave 2 (2008-2009) Surveys, and consisted of only three symbolic images covering 50% of both sides of the package. Between the Wave 2 (2008-2009) and Wave 3 (2010-2011) Surveys, the Round 3 and Round 4 warnings were implemented. Round 3 warnings were implemented in February 2009, consisting of eight images covering 50% of the package. In February 2010, Round 4 warnings were implemented, which included six images that increased in size to cover the bottom 80% of both sides of the package. The Round 3 and 4 warning images were less symbolic than the previous rounds, with the Round 4 images being the most graphic of the first four rounds of warnings. The Round 5 pictorial warnings were implemented in January 2012, between the Wave 3 (2010-2011) and Wave 4 (2012) Surveys. These Round 5 warnings introduced two new pictorial warnings, replacing the previous six images, and remained at a size of 80% of both sides of the package. The Round 6 health warnings were implemented in January 2013, just after the Wave 4 Survey was conducted, and the Round 7 warnings were implemented in July 2014. These two most recent rounds of warning labels will be evaluated in the ITC Uruguay Wave 5 Survey.

In an effort to reduce the false beliefs among smokers that some types of cigarettes are less harmful than others, Uruguay banned misleading package descriptors (such as "low," "light," "ultralight," or "mild") in 2005. The ban was strengthened in 2008 to include misleading colours, numbers, and letters. In 2009, Uruguay adopted a ground-breaking regulation that limited every brand of cigarettes to only a single presentation, eliminating the possibility of multiple sub-brands with different colours and package designs.

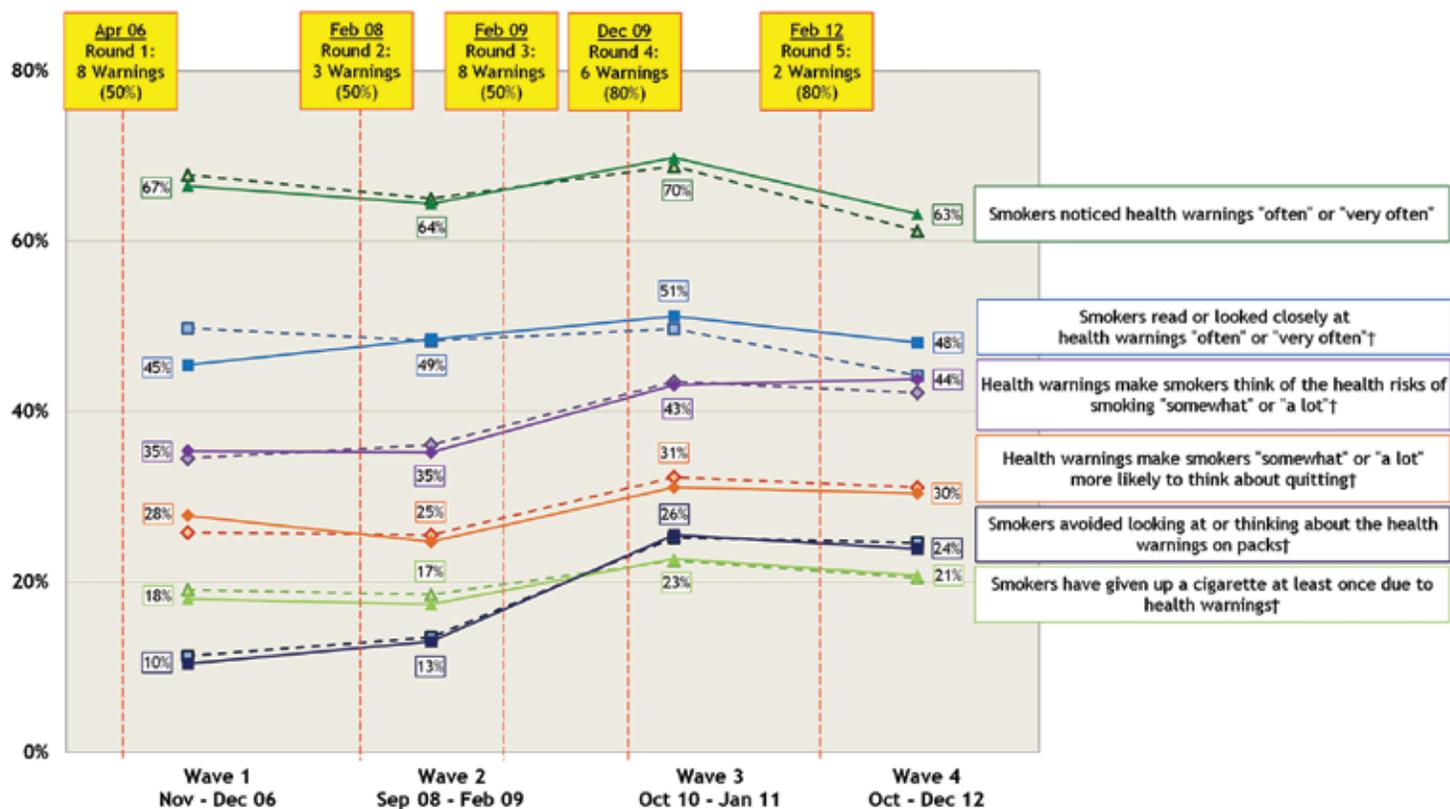
The ITC Uruguay Waves 1 to 4 Surveys evaluate the first five rounds of warnings. The surveys include a broad set of questions to assess health warning effectiveness, including measures of label salience; cognitive, emotional, and behavioral responses to the warnings; and support for the warnings. Smokers' opinions of "light" and "mild" cigarettes are also assessed as indicators of the effectiveness of Uruguay's efforts to reduce the ability of the tobacco industry to use packaging as a means to persuade smokers that one cigarette is less harmful than another.

Changes in warning effectiveness over time

The results of cognitive and behavioural measures of warning label effectiveness in the ITC Uruguay Survey (thinking about the harms of smoking because of the warnings, thinking about quitting, avoiding the warning labels, and forgoing a cigarette because of the warnings) have followed a similar pattern across the four 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; however, there was an increase in effectiveness after the larger and more emotionally distressing warnings (i.e., cigarette smoke encircling a sleeping baby, a crying baby, and a photo of mouth cancer and stained teeth) were introduced at Round 4. Warning label effectiveness was then maintained after the implementation of the two warnings introduced at Round 5 (see Figure 27).

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; however, there was an increase in effectiveness after the larger and more emotionally distressing warnings (i.e., cigarette smoke encircling a sleeping baby, a crying baby, and a photo of mouth cancer and stained teeth) were introduced at Round 4. Warning label effectiveness was then maintained after the implementation of the two warnings introduced at Round 5.

Figure 27. 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.
 † Among those who noticed health warnings at least "once in a while".

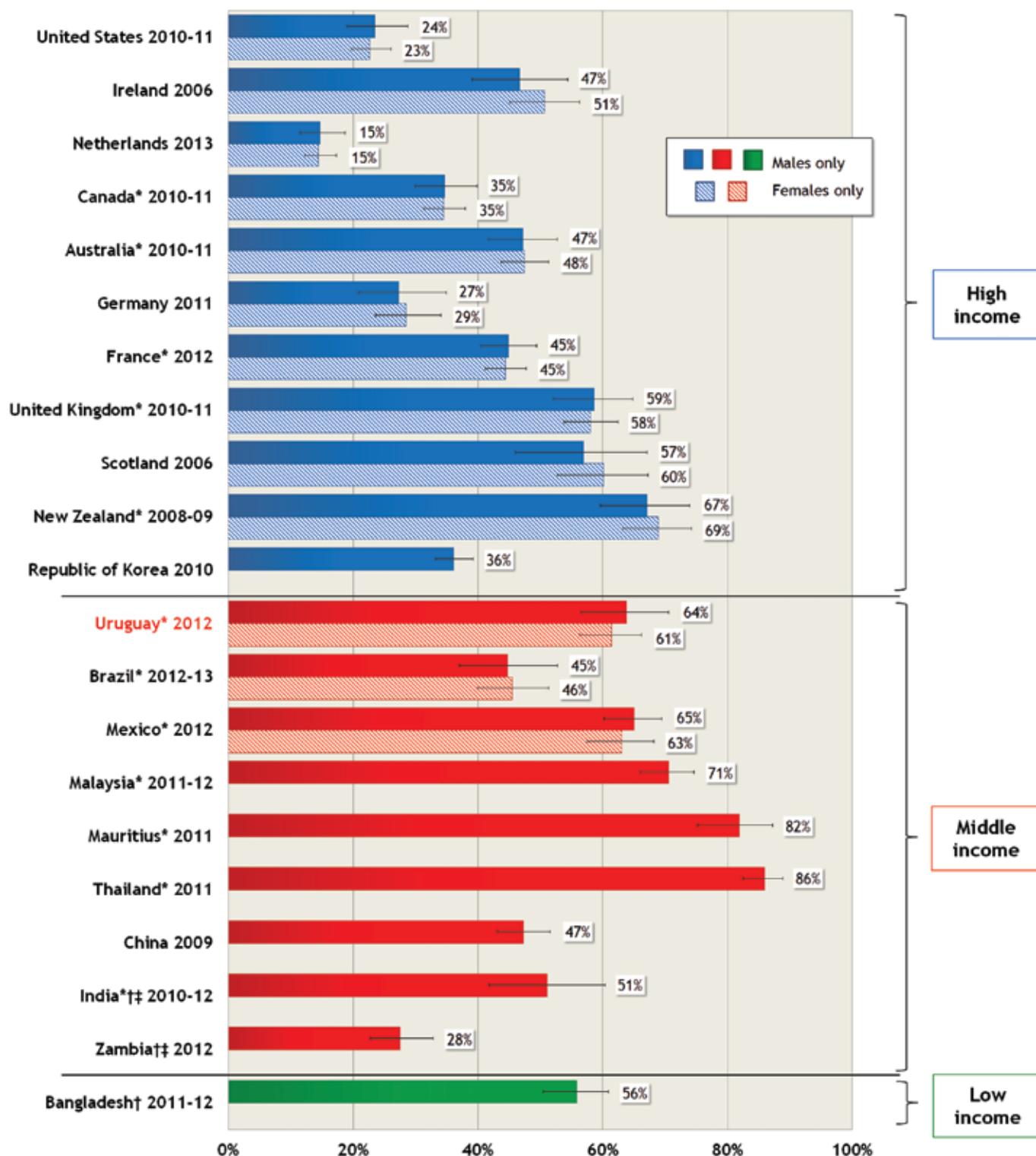
Noticing health warnings

Approximately two-thirds of smokers at all four survey waves reported noticing the health warnings on cigarette packages. At Wave 1, 67% of smokers reported that they “often” or “very often” noticed warning labels in the last month. This percentage remained relatively the same at Wave 2 (64%), before increasing slightly to 70% at Wave 3 and then decreasing at Wave 4 (63%). However, these changes were not significant.

Cross-country comparison data show that the percentage of smokers in Uruguay who “often” or “very often” noticed warning labels on cigarette packs in the last month is among the top third of 21 ITC countries among males and is third highest among females (see Figure 28).

Cross-country comparison data show that the percentage of smokers in Uruguay who “often” or “very often” noticed warning labels on cigarette packs in the last month is among the top third of 21 ITC countries among males and is third highest among females.

Figure 28. Percentage of smokers who “often” or “very often” noticed warning labels, by country



* Countries with pictorial warnings at time of survey.

† For Bangladesh, India, and Zambia, dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) who reported smoking cigarettes were also included in the analysis.

‡ In India and Zambia, there was an extra filter that asked “As far as you know, do cigarette/any smoked tobacco packages in Zambia/India have warning labels?” If the respondent answered “no” then noticing warning labels was set to “never.”

Cross-country comparison data show that the percentage of smokers who reported that the health warnings made them think “a lot” about the health risks of smoking was relatively high among 21 ITC countries – fourth highest among males and second highest among females.

Reading/looking closely at health warnings

Among smokers who noticed warning labels on cigarette packs at least “once in a while”, approximately half of smokers at each wave “often” or “very often” read or looked closely at the warnings on cigarette packages in the last month (45% at Wave 1; 49% at Wave 2; 51% at Wave 3; 48% at Wave 4).

Thinking about the harms of smoking

At Wave 1, 35% of smokers who noticed warning labels reported that the warning labels made them think about the harms of smoking “somewhat” or “a lot.” This percentage remained relatively the same at Wave 2 (35%), however increased to 43% at Wave 3 following the implementation of the larger and more emotionally distressing Round 4 pictorial warnings. At Wave 4, the percentage of smokers who reported that the warning labels made them think about the harms of smoking “somewhat” or “a lot” remained relatively unchanged at 44%, following the introduction of two new warnings in Round 5.

Cross-country comparison data show that the percentage of smokers who reported that the health warnings made them think “a lot” about the health risks of smoking was relatively high among 21 ITC countries – fourth highest among males and second highest among females (see Figure 29).

Thinking about quitting

Similar to thinking about the harms of smoking, the percentage of smokers who reported that the warning labels made them think “somewhat” or “a lot” about quitting smoking, among those who noticed warning labels at least “once in a while,” remained relatively the same between Wave 1 (28%) and Wave 2 (25%). This percentage then increased to 31% at Wave 3 and was maintained at Wave 4 (30%).

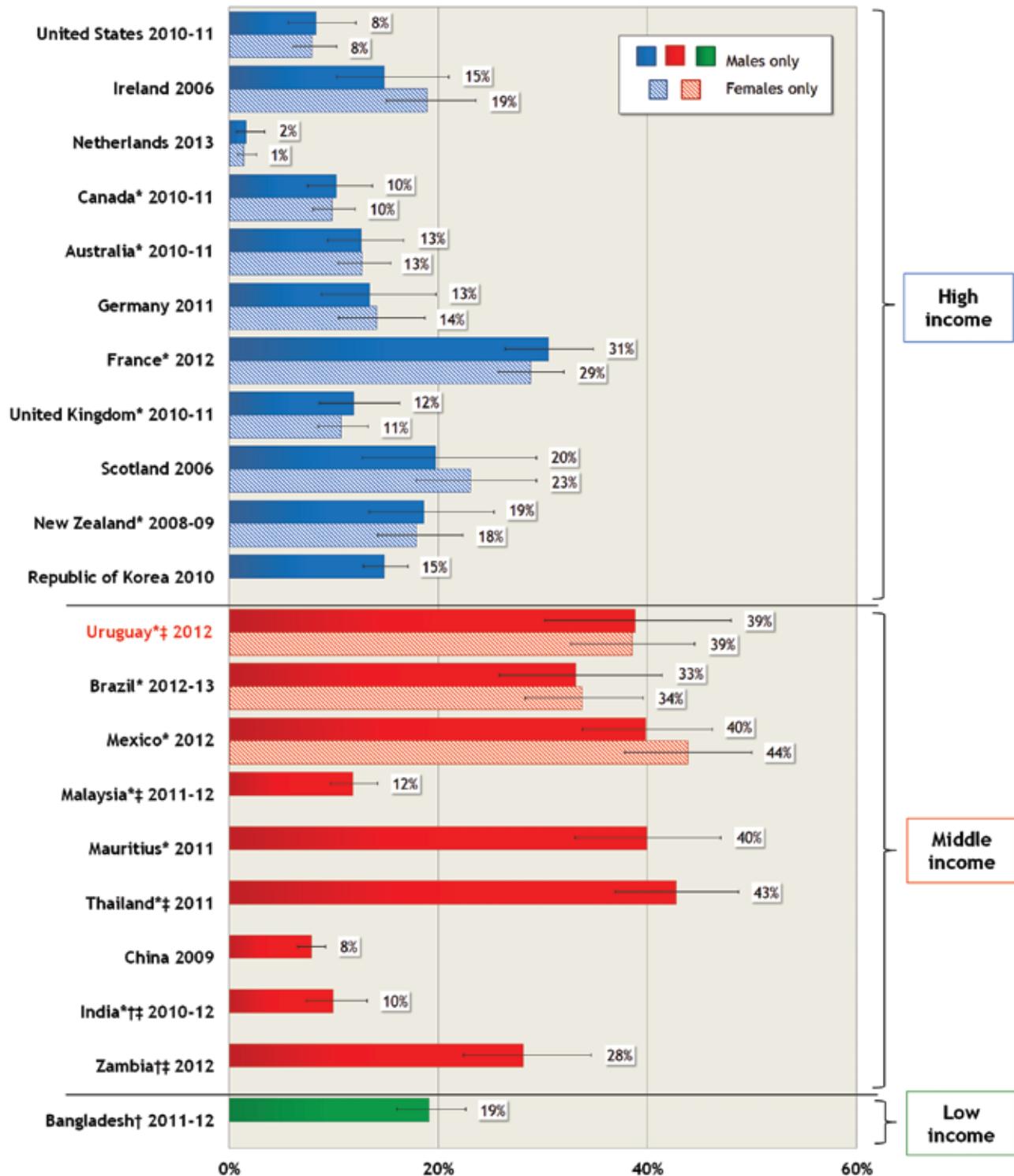
Avoiding the warning labels

Respondents who noticed the warning labels on cigarette packages were also asked if they had made any effort to avoid the warning labels in the last month. At Wave 1 and 2, 10% and 13% of smokers, respectively, reported making an effort to avoid the warning labels. Following the implementation of the larger and more emotionally distressing Round 4 warnings, the percentage of smokers avoiding the warning labels increased to 26%. This percentage remained relatively unchanged at Wave 4 (24%) after introduction of the two Round 5 warnings.

Forgoing a cigarette

At Wave 4, approximately one in five smokers (21%) reported that the warning labels stopped them from smoking at least once in the last month, among those who noticed warning labels. At Wave 1 and 2, 18% and 17% of respondents, respectively, reported giving up a cigarette at least once. This percentage increased to 23% at Wave 3 and was maintained at Wave 4 (21%).

Figure 29. Percentage of smokers who reported that the warning labels made them think about the health risks of smoking “a lot”, by country



* Countries with pictorial warnings at time of survey.

† For Bangladesh, India, and Zambia, dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) who reported smoking cigarettes were also included in the analysis.

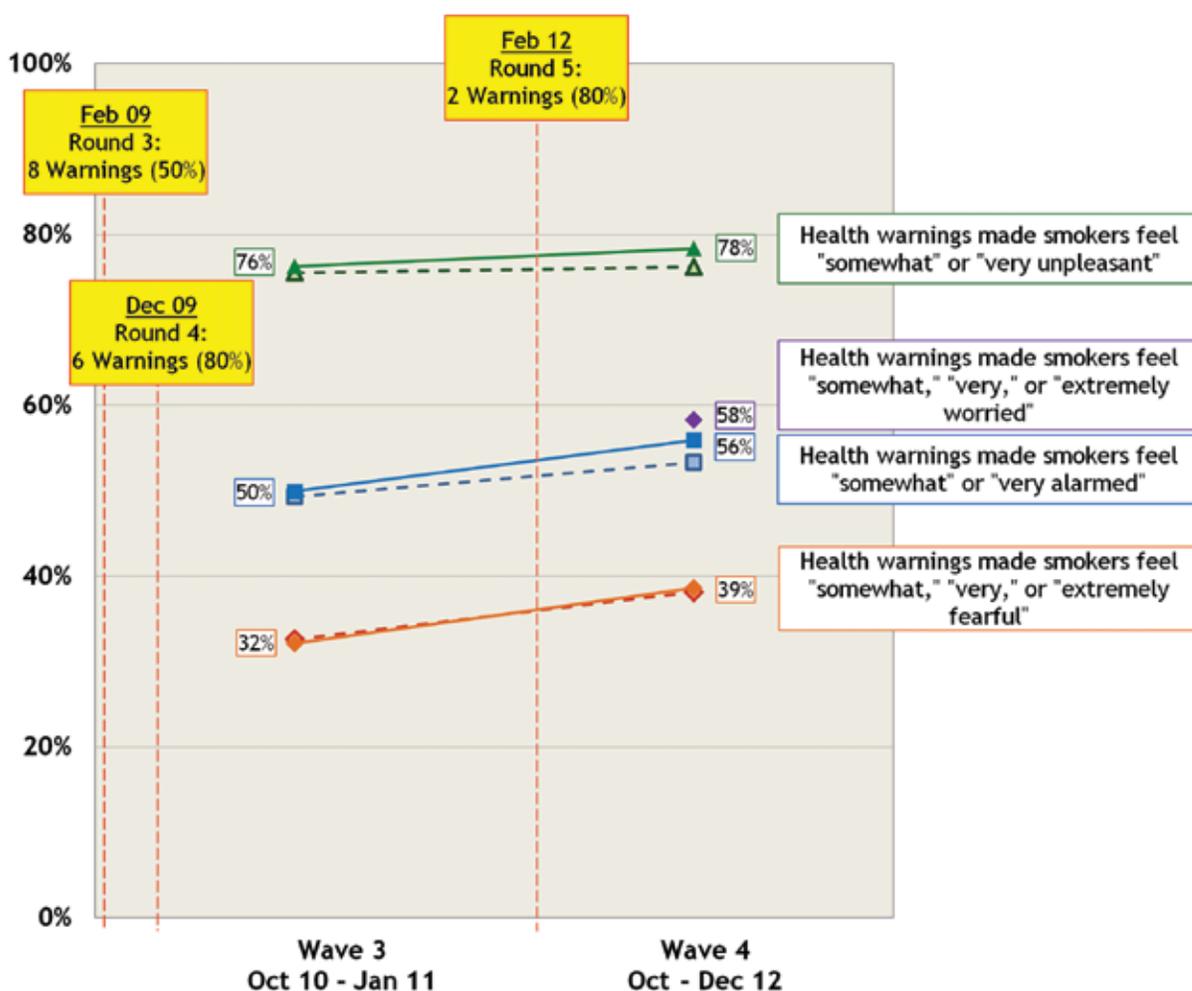
‡ If a respondent answered “never” to noticing warning labels in Uruguay, Malaysia, Thailand, or India, or if a respondent answered “no” to knowing that cigarette/smoked tobacco packages have warning labels in Zambia or India, the question asking about the extent to which the warning labels make them think about the harms of smoking was filtered. Thus the response was set to “not at all” for these individuals.

Emotional responses to warning labels

At Waves 3 and 4, respondents were also asked about how the warning labels on cigarettes made them feel. Over three-quarters of smokers who noticed warning labels reported that the health warnings made them feel “somewhat” or “very unpleasant” (76% at Wave 3; 78% at Wave 4), and approximately half reported that the warning labels made them feel “somewhat” or “very alarmed” (50% at Wave 3; 56% at Wave 4) (see Figure 30).

Between Wave 3 and Wave 4, with the introduction of two new health warnings from Round 5, there was a non-significant increase in the percentage of smokers who felt “somewhat,” “very,” or “extremely fearful” by the warning labels from 32% to 39%, and in response to a question only asked at Wave 4, 58% of smokers who noticed the warning labels also reported that the health warnings made them feel “somewhat,” “very,” or “extremely worried” (see Figure 30).

Figure 30. Smokers’ emotional responses to health warnings, by wave*



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

Warning labels generated discussion about harms of smoking

At Wave 4, smokers were asked if the warning labels on cigarette packages had generated discussion with family or friends about the harms of smoking. 36% of smokers reported that the health warnings did generate discussions about the harms of smoking among family, and 29% reported that they had discussed the harms of smoking with friends.

Support for more information on cigarette packs

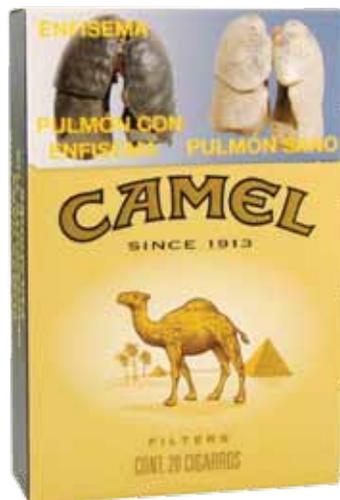
The ITC Uruguay Survey asked smokers if they think that cigarette packages should have more information, less information, or about the same amount of information as they do now. Across the four survey waves, the majority of smokers said that there should be about the same or more information on cigarette packages. The percentage of smokers who wanted more information remained relatively unchanged with between one-quarter and one-third of respondents reporting wanting more information on cigarette packs (25% at Wave 1; 31% at Wave 2; 27% at Wave 3; 31% at Wave 4).

Cross-country comparison data show that the percentage of male and female smokers who want more information is low in comparison to Brazil and Mexico (see Figures 31 and 32), which may be explained in part by the size and format of the warnings. In comparison to the Uruguay pictorial warnings which cover 80% of the front and back of packs, the warnings in Brazil include pictorial warnings that cover 100% of the back of the pack with no warnings on the front, while the warning labels in Mexico include pictorial warnings covering 30% of the front and text-only warnings covering 100% of the back of cigarette packages.



Uruguay pack

Warning covers 80% of front and back



Mexico pack

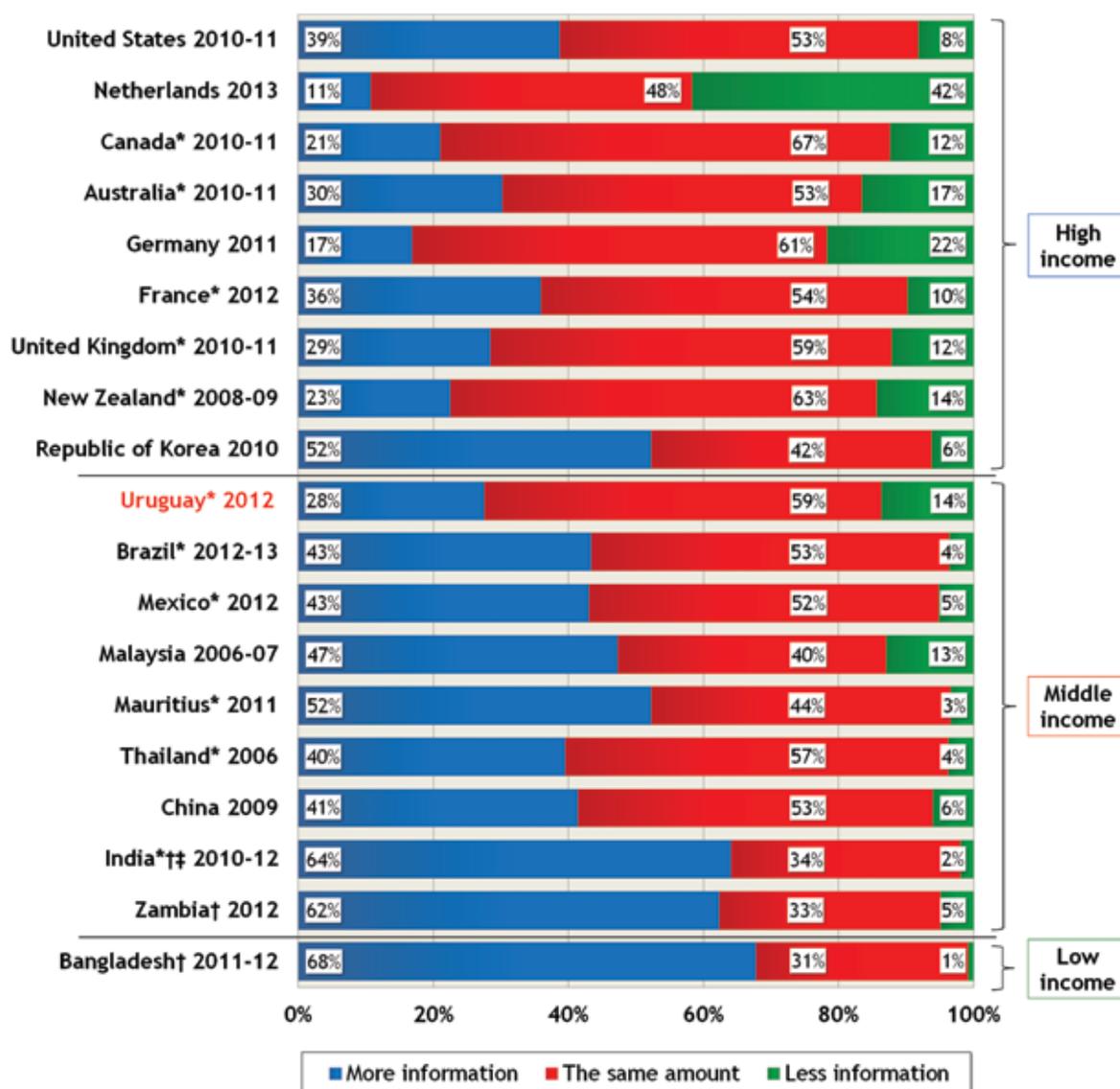
Warning covers 30% of front and text-only on 100% of back



Brazil pack

Warning covers 100% of back

Figure 31. Percentage of male cigarette smokers who think there should be more, less, or the same amount of health information on cigarette packages, by country

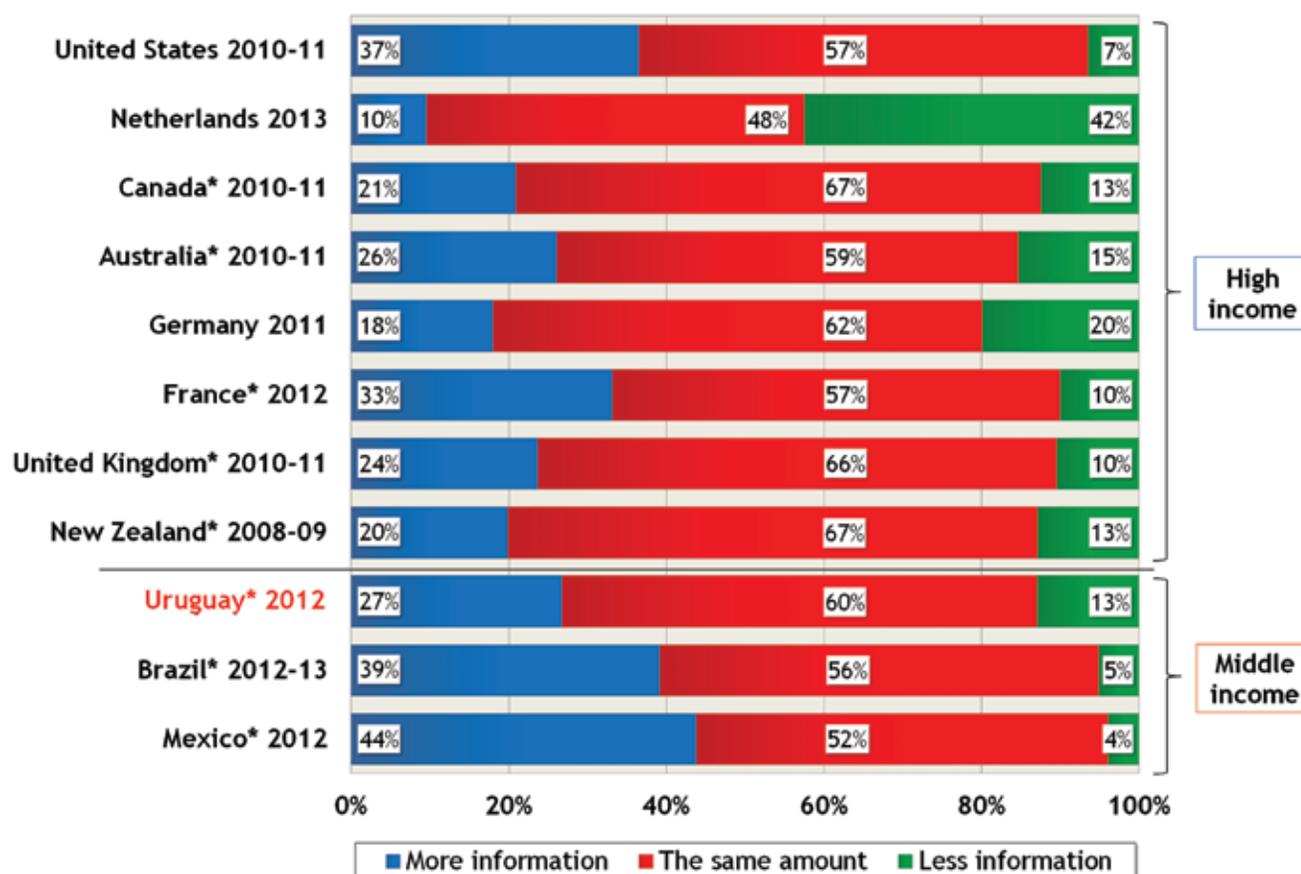


* Countries with pictorial warnings at time of survey.

† For Bangladesh, India, and Zambia, dual tobacco users (those tobacco users who reported smoking both cigarettes and bidis) and mixed tobacco users (those tobacco users who reported smoking both smoked tobacco and smokeless tobacco) who reported smoking cigarettes were also included in the analysis.

‡ Among respondents who answered "yes" to the question "As far as you know, do any smoked tobacco packages in India have health warnings/warning labels?"

Figure 32. Percentage of female cigarette smokers who think there should be more, less, or the same amount of health information on cigarette packages, by country



* Countries with pictorial warnings at time of survey.

Support for plain packaging

At Wave 4, smokers were asked if they agreed or disagreed with the statement that tobacco companies should be required to sell both factory-made and hand-rolled cigarettes in packs with only the brand name and the health warnings, but without colourful designs on the rest of the pack. Almost half (44%) of smokers “agreed” or “strongly agreed” with this statement.

Smokers’ perceptions of harmfulness of current brand

At Wave 4, smokers were asked whether they thought that the brand of cigarettes they usually smoke might be “a little less harmful”, “no different”, or “a little more harmful”, compared to other cigarette brands. The majority of smokers (74%) said that their brand was “no different” compared to other cigarette brands. About one out of five (19%) smokers had false beliefs that their brand was “a little less harmful” compared to other brands, while 7% reported that the brand they usually smoke was “a little more harmful.”

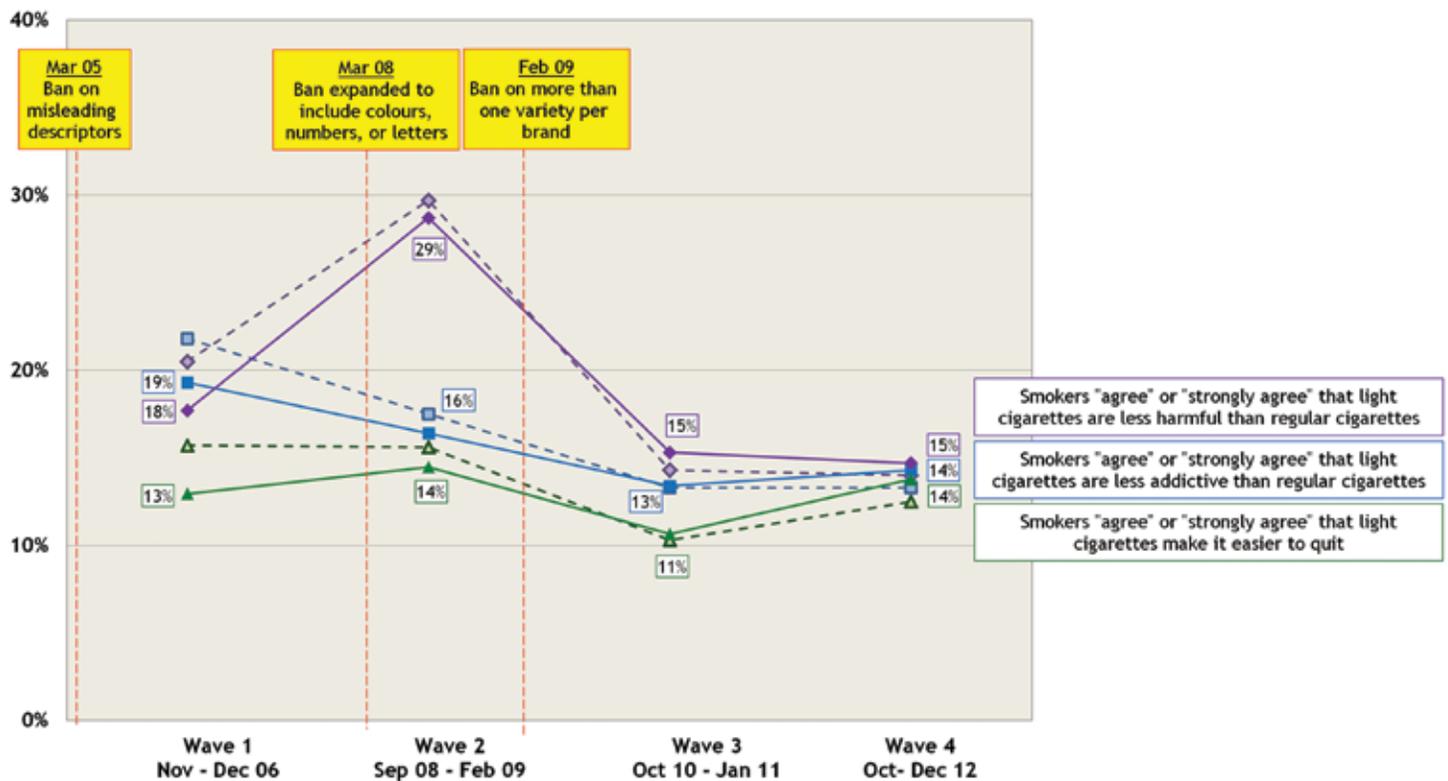
Smokers’ beliefs about “light” cigarettes

Approximately 80% of smokers at each wave reported having ever tried light, mild, or low-tar cigarettes (78% at Wave 1; 80% at Wave 2; 80% at Wave 3; 82% at Wave 4). At Wave 4, smokers were asked “Would you consider your brand to be a “light”, “mild”, or “low tar” brand?” About one-third (29%) of smokers responded “yes” to this question. Among these smokers who considered the brand they smoke to be a “light,” “mild,” or “low tar” brand, almost one-third (30%) believed their brand to be a “little less harmful.”

At Wave 4, smokers were asked which of the following two statements best describes their opinion about the existence of “light”, “mild”, or “smooth” cigarettes today: (1) “Light” or “mild” or “smooth” cigarettes do not exist in UY in any form — these cigarettes cannot be sold in this form in Uruguay or (2) Although the words “light” or “mild” or “smooth” can no longer be used, the same cigarettes are being sold under different names in Uruguay. Almost all smokers (91%) selected the second statement as best describing their opinion, which shows that banning certain descriptors is not effective in banning the concept.

At Waves 1 to 4, smokers were also asked whether they thought that “light” cigarettes made it easier to quit, are less harmful than regular cigarettes, or are less addictive than regular cigarettes. The percentage of smokers who “agreed” or “strongly agreed” that light cigarettes are less addictive than regular cigarettes remained relatively the same across all four waves, with less than 20% of smokers agreeing with this statement (see Figure 33). In contrast, the percentage of smokers who “agreed” or “strongly agreed” that light cigarettes are less harmful compared to regular cigarettes increased between Wave 1 (18%) and Wave 2 (29%), following the bans on misleading descriptors, including colour, numbers, or letters. This percentage then decreased to 15% at Wave 3 following the ban on multiple brand variations, and has remained relatively unchanged at Wave 4 (15%). Similarly, the percentage of smokers who “agreed” or “strongly agreed” that light cigarettes make it easier to quit also decreased between Wave 2 (14%) and Wave 3 (11%), and then was maintained at Wave 4 (14%).

Figure 33. Smokers’ beliefs about “light” cigarettes, by wave*



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

The percentage of smokers who had incorrectly believed that light cigarettes are less harmful than regular cigarettes decreased (from 29% to 15%) after the ban on more than one variety per brand and has remained unchanged at Wave 4.

Self-reported use of light cigarettes

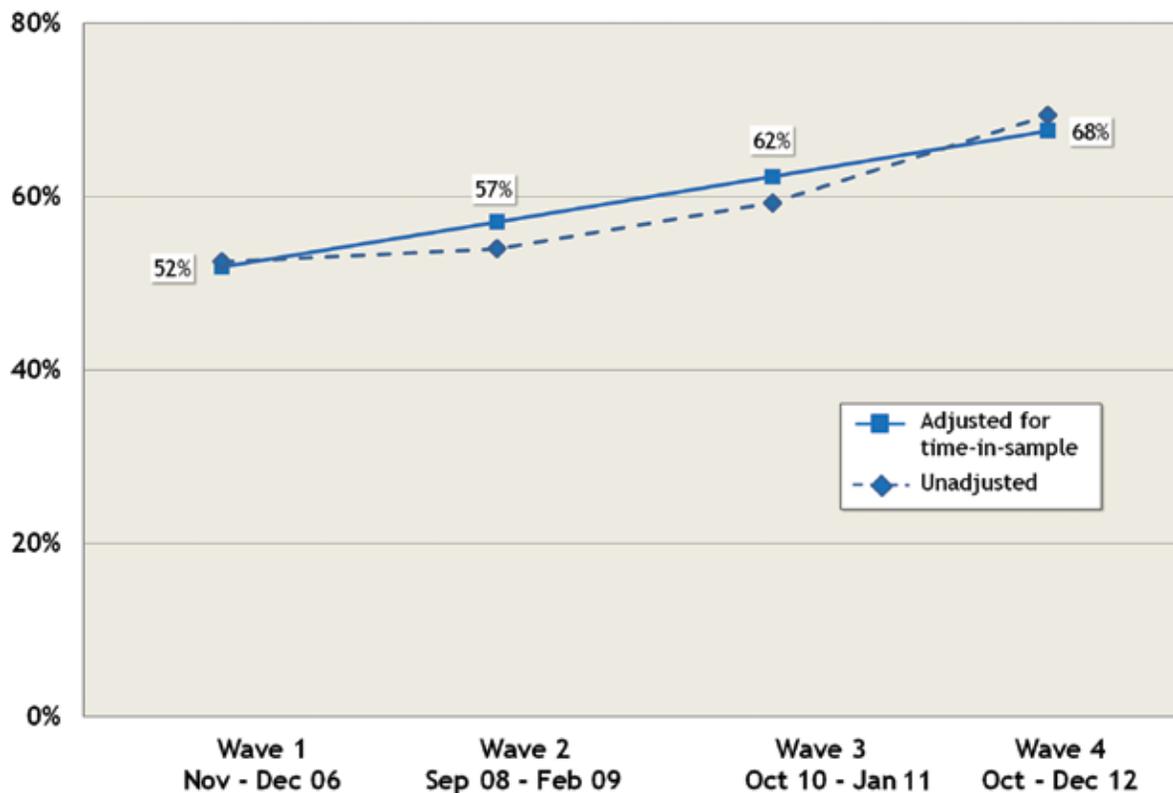
At the time of this report we are continuing to do analyses of changes in brand use before and after the single brand presentation law – these findings are forthcoming. At Wave 4, even with the decrease in misperceptions that light cigarettes are less harmful, it is still the case that approximately one-third (29%) of smokers self-reported that they were smoking a “light”, “mild”, or “low tar” brand.

Therefore, it appears that the single brand presentation policy has had an impact on reducing smokers’ misperceptions of the harmfulness of light cigarettes; however, the ITC Uruguay Wave 4 data suggest that misperceptions continue.

Menthol cigarettes

The use of menthol cigarettes has steadily increased over the four waves of the ITC Uruguay Survey. At Wave 1, 52% of smokers reported having ever tried menthol cigarettes. This percentage increased to 57% at Wave 2, 62% at Wave 3, and 68% at Wave 4; however, only the overall increase between Wave 1 and Wave 4 is significant (see Figure 34). Despite this increase in the percentage of smokers trying menthol cigarettes, less than 1%^{iv} of smokers at each wave reported that the usual brand they smoke is menthol flavoured.

Figure 34. Percentage of smokers who reported ever trying menthol cigarettes, by wave



When asked if they agree or disagree that menthol cigarettes are less harmful than regular cigarettes, less than 15% of smokers at Wave 1 (13%) and Wave 2 (12%) “agreed” or “strongly agreed” with this statement. This percentage decreased to less than 10% at Wave 3 (7%) and Wave 4 (8%).

iv. Unadjusted percentage shown due to the very low proportion of smokers who indicated that the flavour of their usual brand of cigarettes is menthol or a flavour other than regular/plain.

Conclusions

Results from the ITC Uruguay Wave 4 Survey show that the high level of warning label effectiveness that was observed after the introduction of the larger, more graphic Round 4 warnings between Waves 2 and 3 has been maintained following the implementation of the Round 5 health warnings. These findings support the requirement for the frequent rotation of warning labels, as called for in FCTC Article 11 Guidelines, in order to prevent “wear-out” and maintain warning label effectiveness over time. Almost half (44%) of smokers also “agreed” or “strongly agreed” that tobacco companies should be required to sell cigarettes in plain packaging.

The ITC Uruguay Survey provides modest evidence of a positive impact of the single presentation policy. For example, the percentage of smokers who incorrectly believed that “light” cigarettes are less harmful than regular cigarettes decreased from 29% of smokers before the single brand policy was implemented to 15% after the policy and continued to stay at this level. However, because the tobacco industry continues to use the package design to mislead consumers to believe that some cigarettes are less harmful, the recent regulations that have been implemented in Australia requiring tobacco products to be sold in plain, standardized packaging, may well be an example that Uruguay could follow in the future to reduce deceptive marketing to an even greater extent.

The Uruguay Survey provides modest evidence of a positive impact of the single presentation policy. The percentage of smokers who incorrectly believed that “light” cigarettes are less harmful decreased after the policy was implemented. However, because the tobacco industry continues to use the package design to mislead consumers to believe that some cigarettes are less harmful, the recent regulations that have been implemented in Australia requiring tobacco products to be sold in plain, standardized packaging, may well be an example that Uruguay could follow in the future to reduce deceptive marketing to an even greater extent.

EDUCATION, COMMUNICATION, AND PUBLIC AWARENESS

Article 12 of the FCTC calls for Parties to promote and strengthen public awareness of tobacco control issues by providing broad access to public awareness programs on the health risks of tobacco use and exposure to tobacco smoke, as well as the benefits of cessation.

In 2006, Uruguay launched several media campaigns to coincide with the implementation of the smoke-free law (see the Tobacco Landscape section of this report). These campaigns aimed to enhance public understanding of the harms of secondhand smoke, to promote support for the smoke-free law, and to encourage smokers to quit. With the exception of occasional media messages to promote World No Tobacco Day, there were no other national-level, sustained media campaigns until 2012 when the Ministry of Health launched the “Stage of Sickness” campaign. This campaign focused on the invisible dangers of smoking and the choice to “move from the shadows, into the light” in television advertisements, and showed mirror images of people on poster advertisements before and after they were harmed by cigarette smoke. In 2013, the Ministry of Health and the Cancer Society also released the “Piel Bella” (Beautiful Skin) anti-smoking campaign, which addressed the damage to the skin caused by smoking and aimed to motivate women to stop smoking, or to never start. This most recent campaign will be evaluated in the ITC Uruguay Wave 5 Survey.

The ITC Uruguay Wave 1 to 4 Surveys measured public awareness of campaigns about the dangers of smoking, or that recommended quitting, across a variety of media and sources. Changes in smokers’ knowledge of specific health risks of smoking, and the perception of the social acceptance of smoking, were also assessed. New questions developed for the Wave 4 Survey also specifically evaluated awareness and impact of the “Stage of Sickness” campaign.

Sources of anti-smoking information

At Waves 2 to 4, smokers were asked to report the last time they saw or heard an information campaign on the dangers of smoking, or one that recommended quitting, on television, radio, in newspapers or magazines, and on posters, bus stops, or billboards. At Waves 3 and 4, smokers were also asked about when they last saw a campaign promoting NOT smoking in enclosed areas.

Noticing campaigns about the harms of cigarette smoke

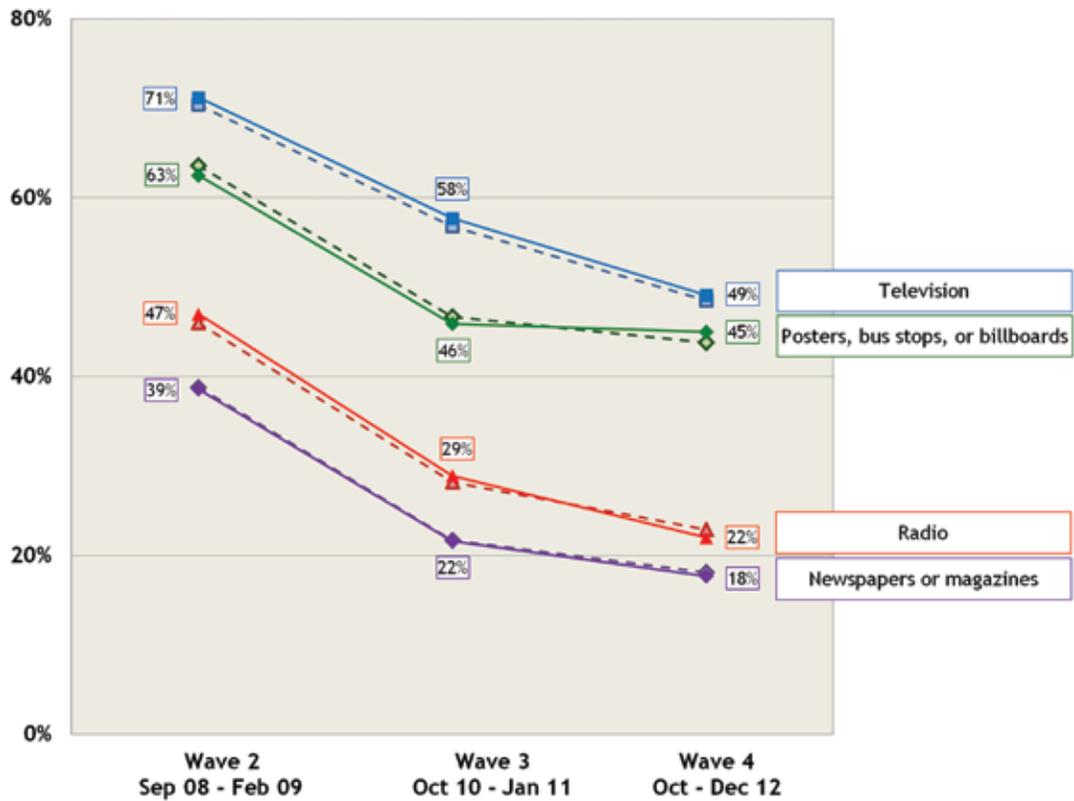
The percentage of smokers who noticed an information campaign on the harm of cigarette smoke in the last 6 months has decreased since Wave 2 (see Figure 35). At each wave, smokers reported most often seeing or hearing about these anti-smoking campaigns on television and on posters, bus stops, or billboards.

Noticing campaigns that recommend quitting smoking

Similar to noticing information campaigns about the harm of cigarette smoke, the percentage of smokers who have seen or heard an information campaign that recommends quitting has also decreased since Wave 2 (see Figure 36). Television and posters, bus stops, or billboards continue to be the most frequently seen form of the quitting campaigns.

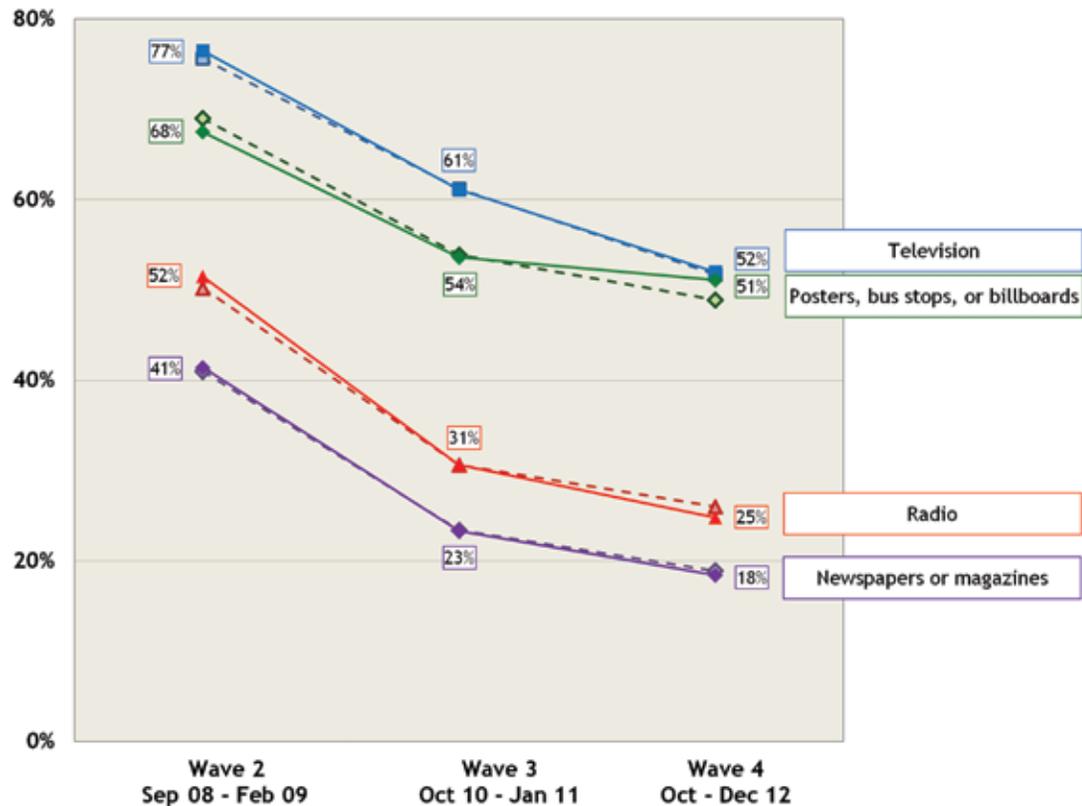


Figure 35. Percentage of smokers who saw campaigns about the harms of cigarette smoke in the last 6 months, by wave*



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

Figure 36. Percentage of smokers who saw campaigns that recommend quitting smoking in the last 6 months, by wave*



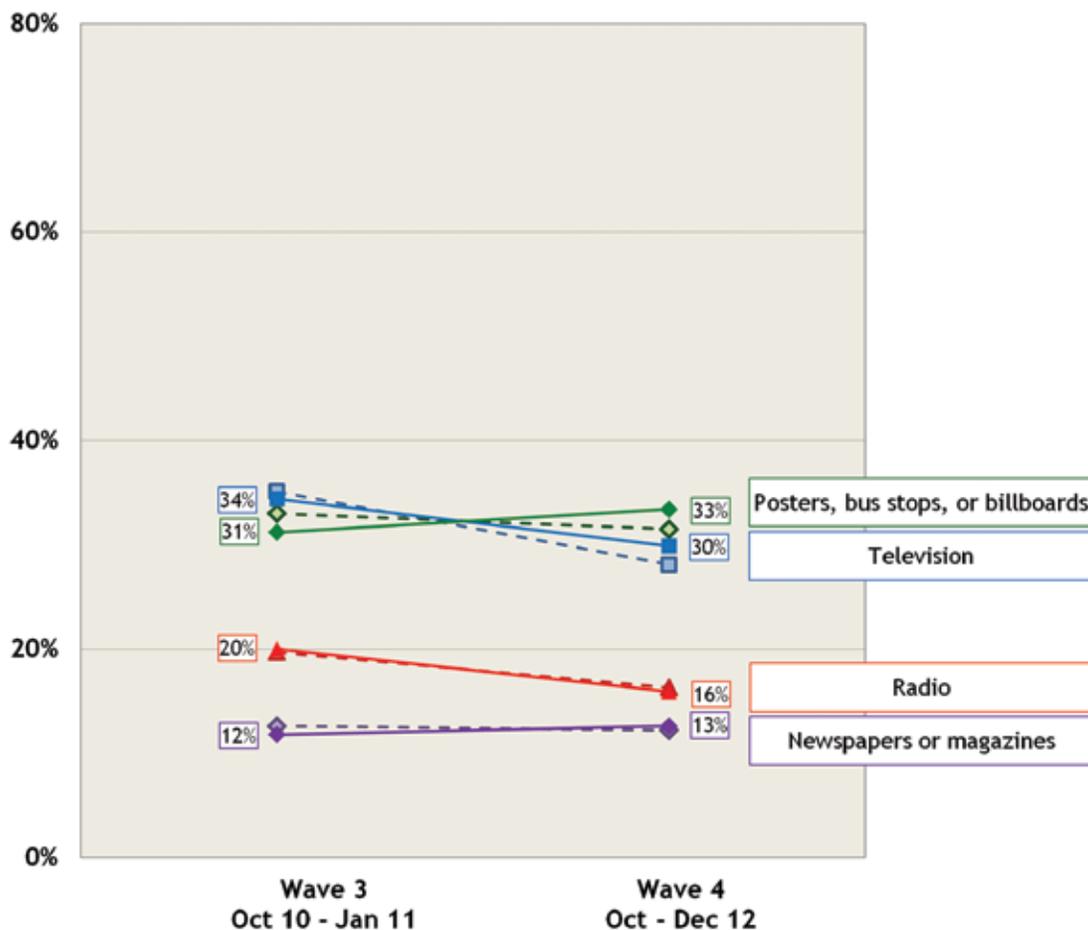
* The solid lines represent frequencies adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted frequencies.

The decrease in the presence of campaigns on the dangers of smoking or that recommend quitting is not surprising given that there were no large, national-level media campaigns on these topics between 2006 and 2012, when the “Stage of Sickness” campaign was launched. Of note is that although there was an overall decrease in the awareness of campaigns on the harms of cigarette smoke or the benefits of quitting between Waves 2 to 4, the percentage of smokers who saw these campaigns on posters, bus stops, or billboards remained relatively unchanged between Wave 3 and Wave 4. This may be due in part to the “Stage of Sickness” campaign which was launched in June 2012 and conveyed its messages through television and poster advertisements.

Noticing campaigns that promote not smoking in enclosed areas

At Waves 3 and 4, smokers were asked to report the last time they noticed a campaign that promoted not smoking in enclosed areas. Fewer smokers noticed these campaigns in comparison to campaigns on the harms of smoking or encouraging quitting as reported above. For all media types – television, radio, newspapers or magazines, and posters, bus stops, or billboards – the percentage of smokers who noticed a smoke-free campaign remained relatively the same (see Figure 37).

Figure 37. Percentage of smokers who saw campaigns that promoted not smoking indoors in the last 6 months, by wave*



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

Awareness and impact of the “Stage of Sickness” campaign

The television advertisement for the “Stage of Sickness” campaign shows a woman talking about what she would do if she could live without smoking while she walks from shadows towards the light. A voice talks about the irreversible and invisible dangers of smoking and asks “In which stage of sickness are you?” Only 15% of smokers reported seeing this ad on television. However, the campaigns appear to have had some impact on those smokers who saw the ad, with 63% of them indicating that the ad made them think about quitting smoking “somewhat” or “a lot.”

Smokers were also asked if they had seen the ads on posters and billboards which showed a mirror image of people before and after they were harmed by smoking. More smokers had seen these poster ads (21%) compared to the television campaign ads, but the impact on smokers appears to be relatively the same – 64% of smokers who saw the poster ads reported that the ad made them think about quitting smoking “somewhat” or “a lot.”

Influence of anti-smoking campaigns on social norms and thinking about quitting

The ITC Uruguay Wave 1 to 4 Surveys asked smokers to think about all forms of advertising talking about the dangers of smoking or encouraging quitting and whether they thought that this advertising has made smoking less socially acceptable. About two-thirds of smokers thought that the advertising made smoking “a lot” or “a little” less socially acceptable (69% at Wave 1; 64% at Wave 2; 69% at Wave 3; 69% at Wave 4).

Smokers were also asked about various reasons that led them to think about quitting in the last 6 months (see the Smoking Cessation section of this report). At Wave 1, 45% of smokers reported that advertisements or information about the health risks of smoking has led them to think about quitting “somewhat” or “very much” in the last 6 months. This percentage decreased at Wave 2 to 32%. Since Wave 2, there has been an increasing trend in anti-smoking information leading smokers to think about quitting (37% at Wave 3; 41% at Wave 4); however only the overall change between Wave 2 (32%) and Wave 4 (41%) is significant.

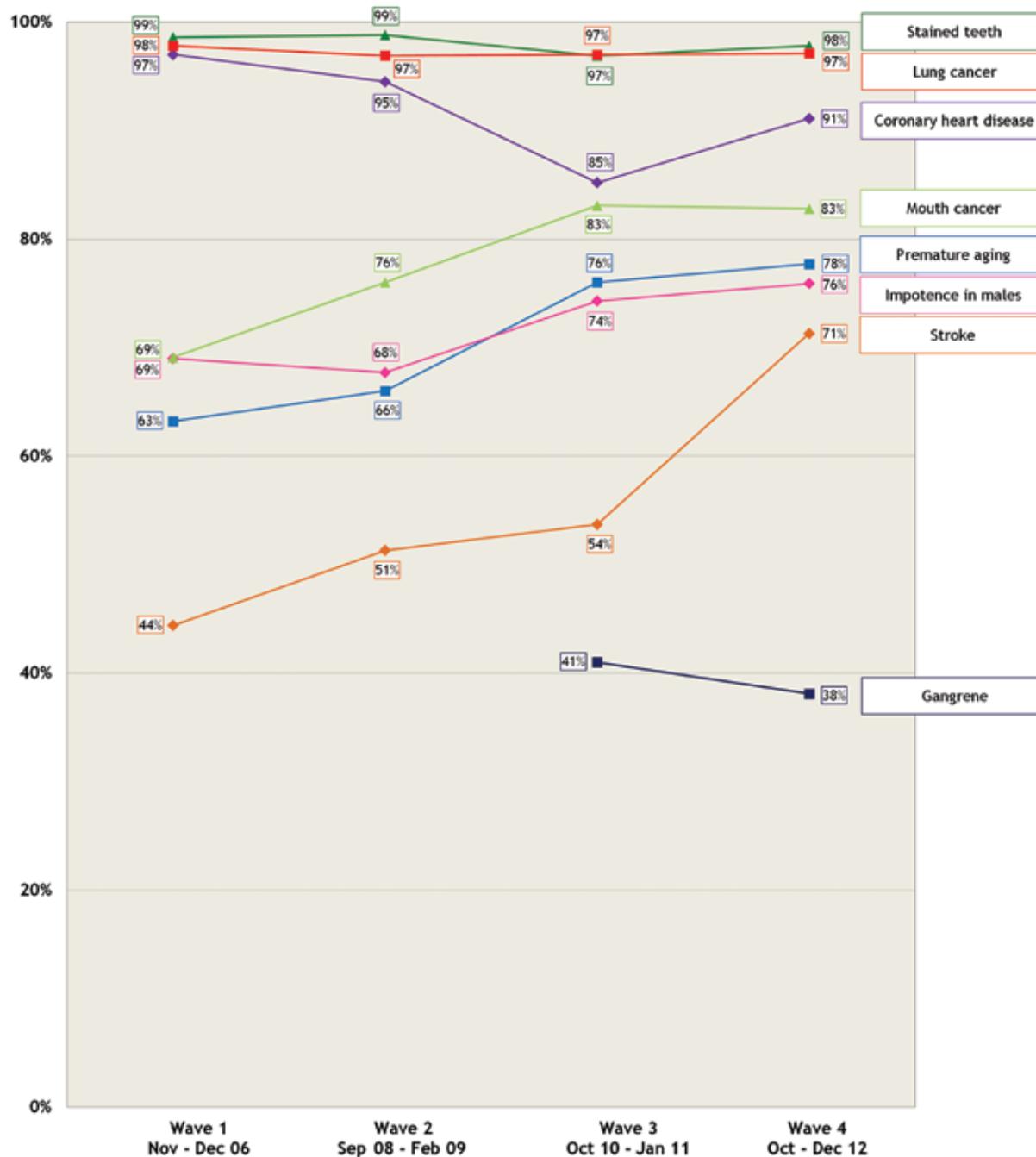
Knowledge of the harms of smoking to smokers’ health

Respondents at all four survey waves were given a list of health effects and diseases that may be caused by smoking and were asked if they believe smoking causes each one. Awareness that smoking causes stained teeth and lung cancer was the highest, with over 95% of smokers being aware of these smoking-related health effects at all four waves (see Figure 38). The percentage of smokers who believe that smoking causes heart disease was also high, with knowledge of this health effect increasing to 91% at Wave 4 following a decrease between Waves 2 (95%) and 3 (85%).

Knowledge of other smoking-related health effects remained relatively unchanged across all four waves with the exception of believing that smoking may cause premature aging, mouth cancer, and stroke in smokers, as well as impotence in male smokers (see Figure 38). The belief that smoking causes premature aging increased between Wave 2 (66%) and Wave 3 (76%), and remained the same at Wave 4 (78%). Similarly, the percentage of smokers who believe smoking may cause mouth cancer also increased from 76% at Wave 2 to 83% at Wave 3, and then remained the same at Wave 4 (83%). The percentage of smokers who believe that smoking may cause impotence in male smokers also increased between Wave 2 (68%) and Wave 3 (74%), following the introduction of the Round 4 warnings which included a warning about male impotence. This percentage then remained unchanged at Wave 4 (76%). Of note is that the percentage of smokers who think that smoking causes stroke in smokers was below 55% at Waves 1 to 3, and then increased to 71% at Wave 4, following the introduction of the Round 5 warning labels which included a graphic warning depicting a person who had a stroke and the words “Fumar causa infartos cerebrales” (Smoking causes stroke).

The percentage of smokers who think that smoking causes stroke in smokers was below 55% at Waves 1 to 3, and then increased to 71% at Wave 4, following the introduction of the Round 5 warning labels which included a graphic warning depicting a person who had a stroke and the words “Fumar causa infartos cerebrales”.

Figure 38. Percentage of smokers who believe that smoking may cause the following health effects in smokers, by wave*



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

Knowledge of the harms of smoking to non-smokers' health

The ITC Uruguay Waves 1 to 4 Surveys also asked respondents about health effects and diseases that may be caused by secondhand smoke. When asked if they agree or disagree with the statement “Your cigarette smoke is dangerous to non-smokers,” the majority of smokers “agreed” or “strongly agreed” with this statement. Over 95% of smokers at Waves 1 to 3 (96% at Wave 1; 97% at Wave 2; 95% at Wave 3) “agreed” or “strongly agreed” that cigarette smoke is dangerous to non-smokers; however this percentage has decreased to 93% at Wave 4. Almost 90% of all smokers also believe that smoking causes lung cancer in non-smokers (88% at Wave 1; 87% at Wave 2; 89% at Wave 3; 88% at Wave 4).

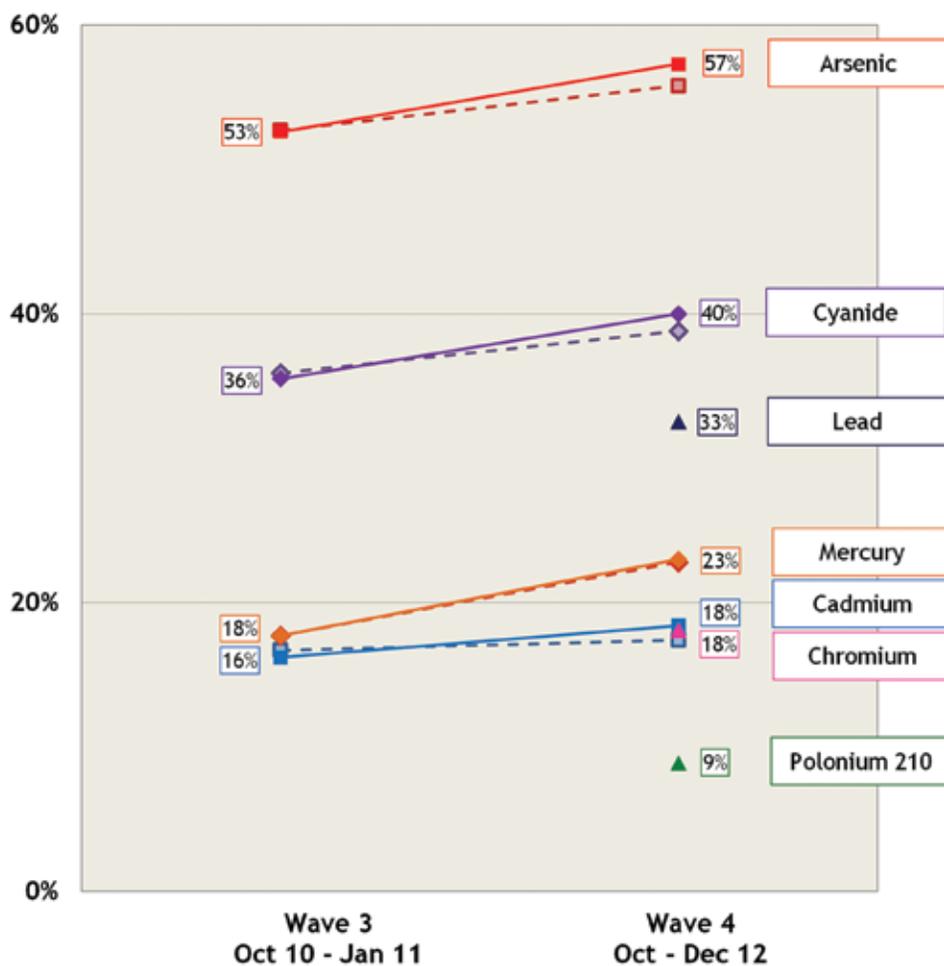
At Waves 3 and 4, smokers were asked if they agree or disagree with the statement “Children who breathe tobacco smoke have more respiratory diseases.” Almost all smokers “agreed” or “strongly agreed” with this statement (94% at Wave 3; 92% at Wave 4). At Wave 4, smokers were also asked if they believe smoking causes heart disease in non-smokers. Fewer smokers (70%) had knowledge of this health effect compared to the other secondhand smoke-related conditions.

Knowledge of the chemicals in cigarettes or cigarette smoke

Knowledge of the chemicals found in cigarettes and cigarette smoke was also assessed in the ITC Uruguay Wave 3 and 4 Surveys. Smokers were given a list of chemicals and asked “As far as you know, is (the chemical) found in cigarettes or cigarette smoke?” Knowledge of chemical constituents in cigarettes and cigarette smoke was relatively low for all chemicals listed. Less than one-third of smokers were aware that cigarettes or cigarette smoke contain lead (33%), chromium (18%), or Polonium 120 (9%) at Wave 4 (see Figure 39).

At Waves 3 and 4, less than one-quarter of smokers were aware that cigarettes or cigarette smoke contain cadmium (16% at Wave 3; 18% at Wave 4) and mercury (18% at Wave 3; 23% at Wave 4); however, the increase in awareness of mercury as a chemical constituent significantly increased between Waves 3 and 4 (see Figure 39). Awareness was highest for arsenic (53% at Wave 3; 57% at Wave 4), followed by cyanide (36% at Wave 3; 40% at Wave 4).

Figure 39. Percentage of smokers who believe that the following chemicals are found in cigarettes or cigarette smoke, by wave*

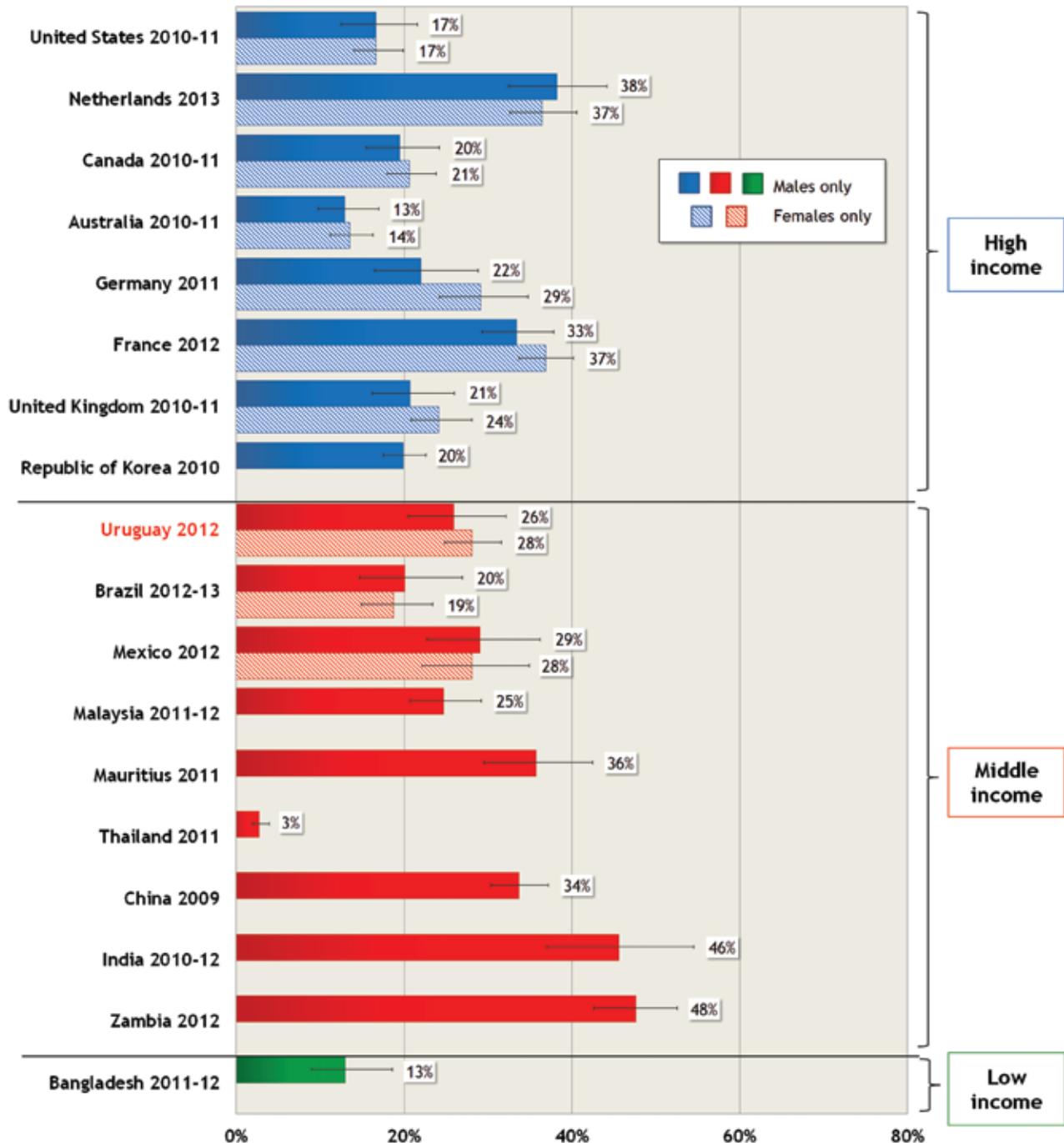


* The solid lines represent frequencies adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted frequencies.

Perception of health risks

The ITC Uruguay Survey asked smokers “To what extent has smoking damaged [them]?” Approximately 70% of smokers at each wave thought smoking has damaged their health “somewhat” or “very much” (68% at Wave 1; 68% at Wave 2; 71% at Wave 3; 69% at Wave 4). Conversely, about 30% of smokers believe that smoking has “not at all” damaged their health. ITC cross-country comparison data show that this percentage is similar to Mexico, but relatively high in comparison to Brazil, suggesting that smokers in Uruguay and Mexico have a lower overall perceived risk of smoking (see Figure 40).

Figure 40. Percentage of smokers who think smoking has “not at all” damaged their health, by country



Smokers were also asked “How worried are you that smoking will damage your health in the future?” Compared to the number of smokers who believe that smoking has currently “not at all” damaged their health (discussed above; see Figure 40), even fewer smokers thought that smoking will “not at all” damage their health *in the future* (15% at Wave 1; 14% at Wave 2; 14% at Wave 3; 14% at Wave 4^v). Thus, the majority of smokers have a higher perceived risk of smoking in the long term.

v. Estimates are not adjusted for smoking status due to the low prevalence of non-daily smokers who thought that smoking will “not at all” damage their health in the future.

Conclusions

Overall, findings from the ITC Uruguay Wave 1 to 4 Surveys suggest that the lack of large-scale, national level media campaigns on the harms of smoke and the benefits of quitting between 2006 and 2012 has resulted in a decline in smokers’ awareness of such campaigns. However, smokers’ awareness of campaigns promoting not smoking in enclosed areas has remained unchanged between Waves 3 and 4, suggesting that the 2006 smoke-free campaign had a more sustained presence compared to the campaigns on the harms of smoke or the benefits of quitting. Results also show that campaign information that was conveyed through television and posters, bus stops, and billboards were more frequently noticed in comparison to other media sources.

Less than one-quarter of smokers saw the advertisements related to the “Stages of Sickness” campaign in each media type – television or poster and billboard advertisements. However, almost 65% of those smokers who saw each type of campaign ad reported that the ad made them think about quitting smoking “somewhat” or “a lot.” This suggests that the contents of the message are relatively effective, but points to the need to determine the best way to advertise anti-smoking campaigns in order to increase smokers’ awareness of them.

Despite the decrease in the presence of campaigns about the harms of smoke or the benefits of quitting, the majority of smokers are aware of many of the health risks of cigarette smoke and the dangers of exposing non-smokers to secondhand smoke. Awareness of some smoking-related health effects, for example impotence and stroke, increased following the implementation of health warnings that depicted images of these effects. This suggests that cigarette packages with pictorial health warnings are an effective way to promote awareness of smoking-related health effects and illnesses. 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.

Awareness of some smoking-related health effects, for example impotence and stroke, increased following the implementation of health warnings that depicted images of these effects. This suggests that cigarette packages with pictorial health warnings are an effective way to promote awareness of smoking-related health effects and illnesses. 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.

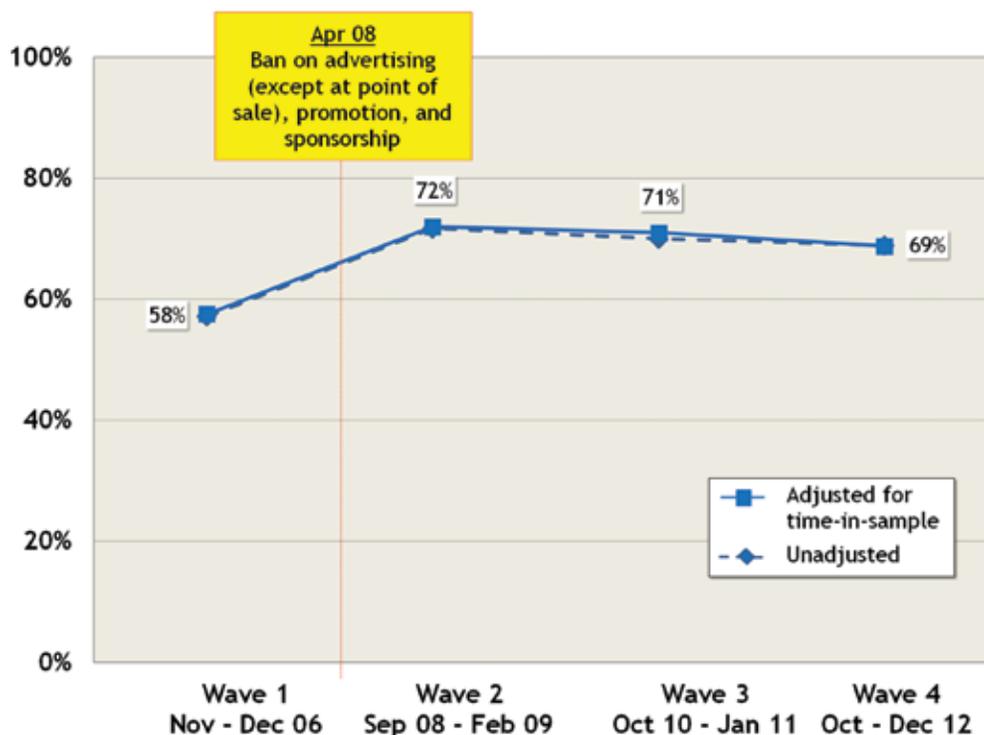
TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP

Article 13 of the FTC requires Parties to implement effective measures against tobacco advertising, promotion, and sponsorship (TAPS). Uruguay's 2008 Smoking Control Regulations (Law No. 18.256) prohibiting most forms of tobacco advertising, promotion, and sponsorship, including the banning of indirect marketing tools such as promotional discounts, free samples, product placement in TV and/or films, and publicity of corporate social responsibility activities by tobacco companies were updated in July 2014 to ban all forms of TAPS, including advertising and display of tobacco products at point of sale. Uruguay's updated TAPS law prohibits displays of tobacco products, their derivatives and smoking accessories, and dispensers in premises where tobacco products are sold. At these premises, only the display of a written list of tobacco products that are sold with their prices is permitted and the health warning issued by the Ministry of Public Health on the harms of tobacco consumption and exposure is required. The ITC Uruguay Wave 1 Survey measured smokers' level of awareness of tobacco advertising and promotion activities prior to the 2008 Regulations. The Wave 2 to 4 Surveys assessed the immediate and long-term effectiveness of the advertising bans implemented in the 2008 Regulations. The effectiveness of the ban on advertising and promotion at point of sale will be evaluated in future survey waves.

Support for advertising, promotion, and sponsorship bans

At all four survey waves, smokers were asked if they support a ban on all cigarette advertising. At Wave 1, 58% of smokers said they would support the ban "a lot" or "a little" (see Figure 41). Following the 2008 ban, this percentage increased to 72% at Wave 2 and has remained relatively unchanged at Waves 3 (71%) and 4 (69%).

Figure 41. Percentage of smokers who would support a ban on all cigarette advertising "a lot" or "a little," by wave



At Waves 3 and 4, smokers were also asked their level of agreement with the statement "Tobacco companies should not be allowed to promote cigarettes at all." Just over half of smokers "agreed" or "strongly agreed" with this statement at both waves (54% at Wave 3; 60% at Wave 4).

The Wave 4 Survey also assessed smokers' opinions about a ban on displays of cigarettes inside shops and stores. Almost two-thirds (63%) of smokers reported that they would support such a ban "a lot" or "a little."

Noticing tobacco advertising

The ITC Uruguay Wave 1 Survey asked smokers if they noticed cigarettes or tobacco products being advertised in various venues and media in the last 6 months. At Waves 2 to 4, the question was rephrased slightly and asked about the last time they saw or heard an advertisement for brands of cigarettes or tobacco. The time frame for responses were then combined so that the data could be presented as “in the last 6 months.” Overall, there were significant decreases in noticing tobacco advertising in most venues following the 2008 advertising ban (see Figure 42). Further declines in reported tobacco advertising were observed at Waves 3 and 4, approximately 2.5 and 4.5 years after the ban, respectively.

Television

At Wave 1, television was the most commonly reported source of tobacco advertising (86%). Following the 2008 advertising ban, this percentage decreased to 37% at Wave 2, then further decreased to 18% at Wave 3, and continued to decline to 12% at Wave 4.

Posters, bus stops, or billboards

The second most prevalent source of advertising reported by smokers at Wave 1 was posters, bus stops, or billboards (72%). This percentage decreased to 37% at Wave 2, and then further decreased to 19% at Wave 3. At Wave 4, the prevalence of reported tobacco advertising on posters, bus stops, or billboards remained relatively unchanged at 15%.

Radio

At Wave 1, the third most commonly reported source of tobacco advertising was the radio (63%). The prevalence of noticing tobacco advertising through this source decreased to 25% at Wave 2 and then to below 10% at Waves 3 (9%) and 4 (7%).

Newspapers or magazines

At Wave 1, 43% of smokers reported noticing tobacco advertising in magazines or newspapers in the last 6 months. After the advertising ban, this percentage decreased to 23% at Wave 2. Noticing tobacco advertising in newspapers or magazines has continued to decrease approximately 2.5 and 4.5 years after the ban (9% at Wave 3 and 6% at Wave 4).

Discos, bars, and pubs

Prior to the 2008 ban, approximately one-third (32%) of smokers reported noticing cigarette or tobacco advertising in discos, bars, and pubs in the last 6 months. This percentage decreased to 22% at Wave 2, and further declined at Wave 3 (14%) before remaining steady at Wave 4 (11%).

Coffee shops, tea shops, or restaurants

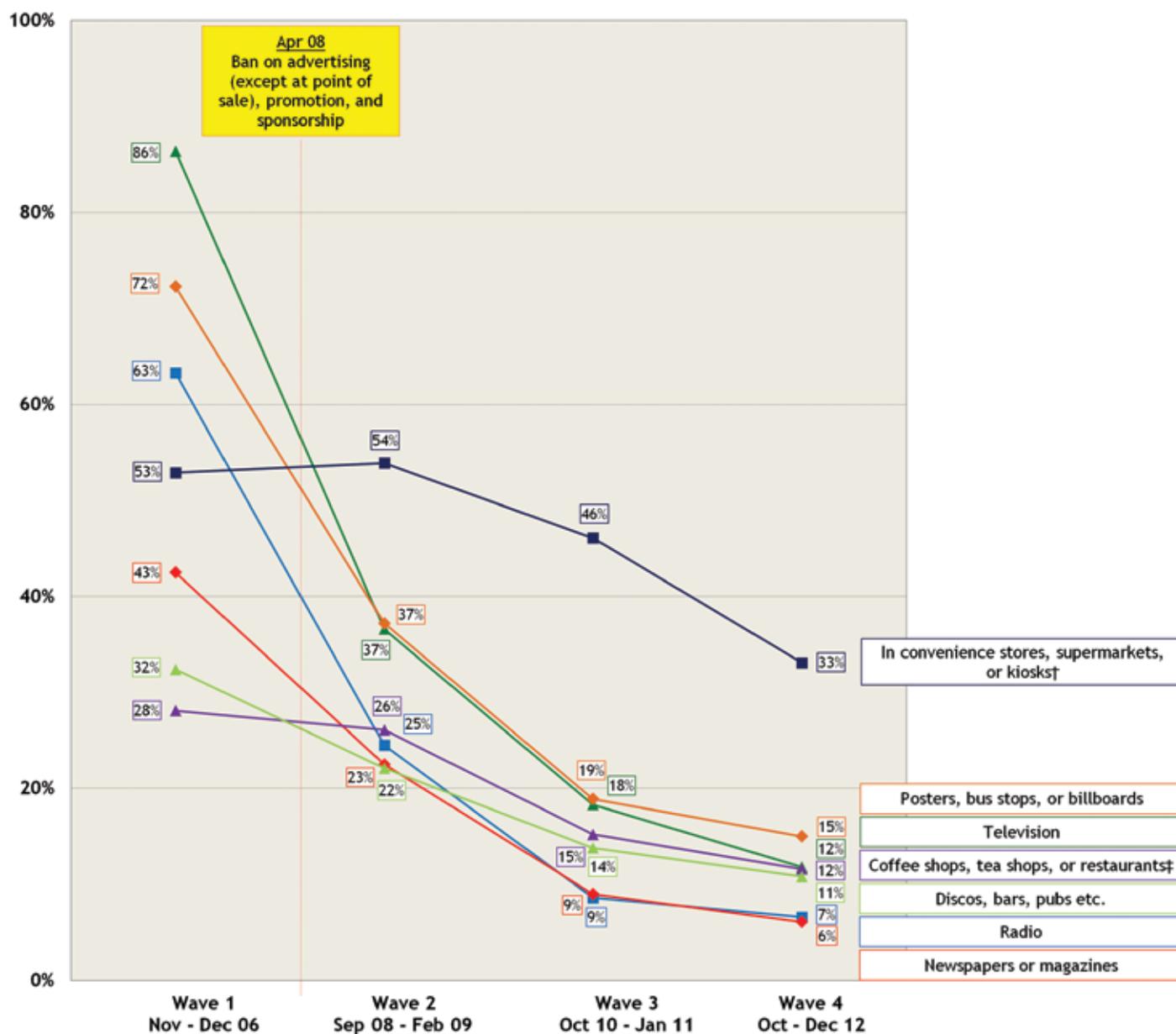
Coffee shops were reported as a source of tobacco advertising by 28% of smokers at Wave 1. At Wave 2, approximately one-quarter (26%) of smokers reported noticing tobacco advertising at coffee shops, tea shops, or restaurants. This percentage decreased to 15% at Wave 3 and has remained relatively unchanged at Wave 4 (12%).

Convenience stores, supermarkets, or kiosks

At the time of the Wave 1 to 4 Surveys, the 2008 Regulations did not ban tobacco advertising or displays at point of sale. Therefore, it is not surprising that following the ban in other locations, retail establishments became the most commonly reported source of tobacco advertising in the last 6 months. About half of smokers noticed tobacco advertising on store windows or inside stores at Wave 1 (53%), or inside convenience stores, supermarkets, or kiosks at Wave 2 (54%). Interestingly, noticing tobacco advertising at these locations has decreased to 46% at Wave 3 and then further decreased to 33% at Wave 4.

At the time of the Wave 1 to 4 Surveys, the 2008 Regulations did not ban tobacco advertising or displays at point of sale. Therefore, it is not surprising that following the ban on advertising in other locations, retail establishments became the most commonly reported source of tobacco advertising in the last 6 months.

Figure 42. Percentage of smokers who noticed advertisements for brands of cigarettes or tobacco in various venues and media in the last 6 months, by wave*



* At Wave 1, the questions asked about cigarettes and tobacco products in general, not specifically about brands. Response options were also yes/no. At Waves 2 to 4, smokers were asked when they last saw or heard about an advertisement for brands of cigarettes or tobacco, with response options ranging from "in the last 7 days" to "never." Thus, response options were combined to create a "within the last 6 months" category which is presented here.

† At Wave 1, the question specified "on shop/store windows or inside shops/stores where you buy tobacco."

‡ At Wave 1, the question only asked about coffee shops, not tea shops or restaurants.

Tobacco promotion and sponsorship

Promotion of cigarettes

The ITC Uruguay Survey asked smokers if they noticed any free samples of cigarettes, special price offers for cigarettes, free gifts or special discount offers on other products when buying cigarettes, or information about special events for smokers (i.e., excursions or extreme sports events).

Few smokers (less than 10%) notice promotion of cigarettes through free samples, special price offers, free gifts or discount offers, or information about special events.

Noticing these promotional offers is low in Uruguay even prior to the 2008 ban. Noticing special price offers was the most commonly reported form of promotion, with 10% of smokers noticing these offers at Wave 1. This percentage decreased to 5% at Wave 2 and 4% at Wave 3; however this percentage has increased to 9% at Wave 4. Less than 5% of smokers reported noticing free samples (4% at Wave 1; 3% at Wave 2; 1% at Wave 3; 3% at Wave 4) and information about special events for smokers (3% at Wave 1; 3% at Wave 2; 0% at Wave 3; 1% at Wave 4). Less than 2% of smokers noticed free gifts or special discount offers on other products when buying cigarettes (1% at Wave 1; 2% at Wave 2; 0% at Wave 3; 1% at Wave 4^{vi}).

At Waves 3 and 4, smokers were also asked if they had used or received various types of tobacco promotion. Less than 2% of smokers reported using or receiving free samples of cigarettes, free gifts or special discount offers on other products when buying cigarettes, clothing or other items with a cigarette brand logo, email messages promoting cigarettes or other tobacco products, or mail promoting cigarettes or other tobacco products.

Sponsorship of sports and arts events

The Wave 1 Survey asked smokers if they had seen or heard about any sport/sporting event or musical or artistic event sponsored by cigarette brands or tobacco companies in the last 6 months. At Waves 2 to 4, the question was rephrased slightly and asked about the last time they saw or heard about one of these events sponsored by a cigarette brand or tobacco company.

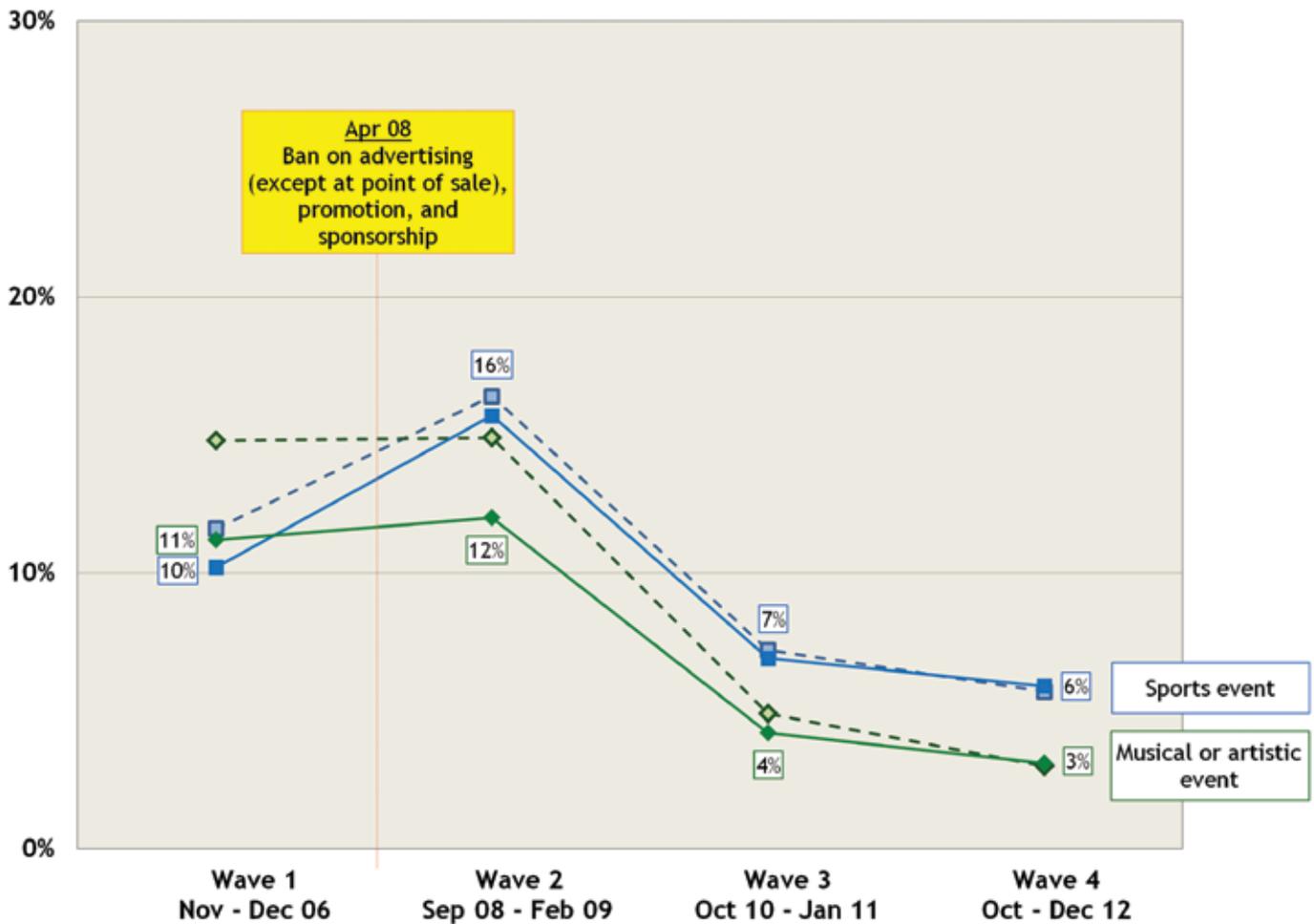
At Wave 1, 10% of smokers reported noticing a sports event sponsored by cigarette brands or tobacco companies in the last 6 months (see Figure 43). At Wave 2, this percentage increased to 16%, but then decreased to 7% at Wave 3. This percentage has been maintained at Wave 4 (6%).

Similarly, at Waves 1 and 2, 11% and 12% of smokers, respectively, had seen or heard about a musical or artistic event sponsored by cigarette brands or a tobacco company in the last 6 months (see Figure 43). This percentage decreased to 4% at Wave 3, and then remained unchanged at Wave 4 (3%).

The percentage of smokers who noticed promotion of tobacco through special price offers and through sponsorship of sports or musical or artistic events is low in Uruguay. However, across Waves 1 to 4, about one-third (36%) of smokers noticed the unpaid depiction of tobacco use in the entertainment media.

vi. Unadjusted estimates presented due to the low prevalence of smokers who noticed free gifts or special discount offers on other products when buying cigarettes.

Figure 43. Percentage of smokers who have seen or heard about a sports or musical or artistic event sponsored by cigarettes brands or tobacco companies in the last 6 months, by wave*†



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

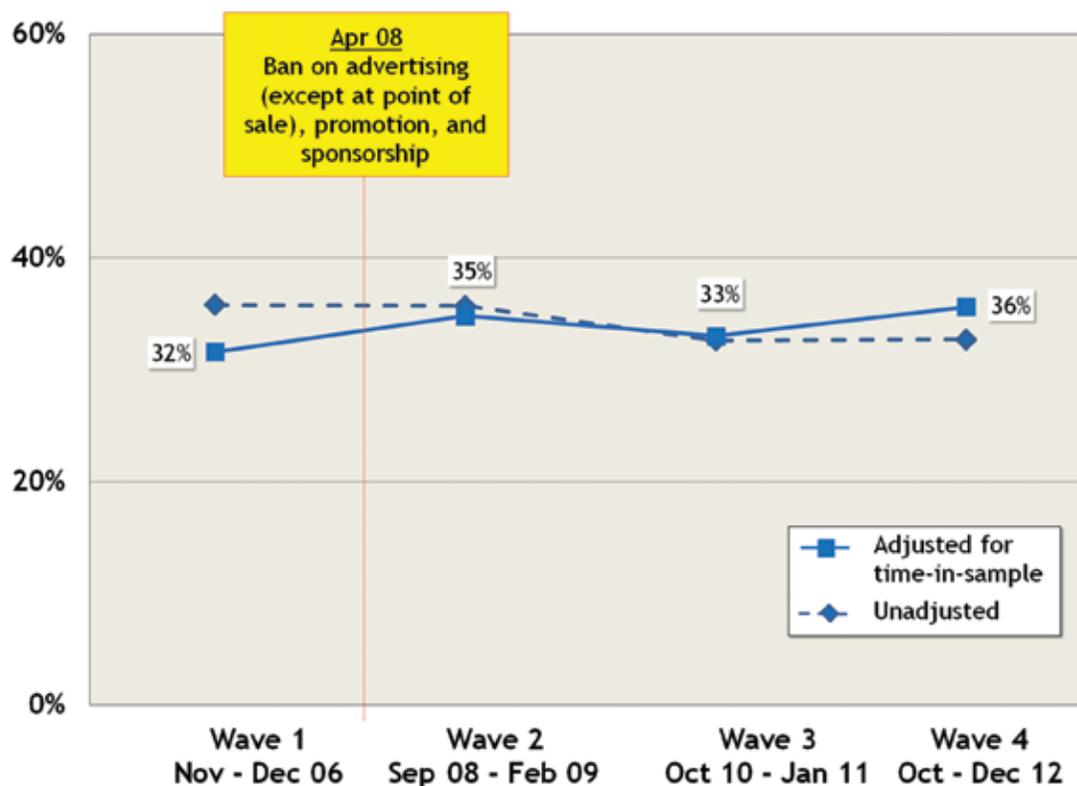
† At Wave 1, the response options were yes/no for having seen or heard about tobacco sponsorship in the last 6 months. At Waves 2 to 4, smokers were asked when they last saw or heard about tobacco sponsorship, with response options ranging from "in the last 7 days" to "never." Thus, response options were combined to create a "within the last 6 months" category which is presented here.

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. The ITC Uruguay Survey shows that cigarette smoking is still visible in entertainment media. Approximately one-third of smokers at all waves "often" or "very often" noticed people smoking in the media in the last 6 months (see Figure 44).

At Waves 1 to 3, approximately 20% of smokers also reported that seeing someone smoking in a movie or TV program made them "often" or "very often" feel like smoking (22% at Wave 1; 15% at Wave 2; 20% at Wave 3).

Figure 44. Percentage of smokers who “often” or “very often” noticed people smoking in entertainment media in the last 6 months, by wave



Conclusions

Results from the ITC Uruguay Wave 1 to 4 Surveys show that the implementation of the restrictions on tobacco advertising, promotion, and sponsorship has resulted in a large reduction of tobacco marketing. The low prevalence of tobacco advertising and promotion has been maintained 2.5 and 4.5 years after implementation of the ban, with some sources of marketing decreasing even further during this period.

Findings show that the percentage of smokers who noticed tobacco advertising at shops and stores has decreased over the survey period; however, one-third (33%) of smokers continue to be exposed to tobacco marketing at these point of sale locations. In July 2014, the Uruguay Parliament announced a ban on advertising at point of sale, including product displays. At Wave 4, the majority of smokers (63%) indicated that they would support a ban on displays of cigarettes inside shops and stores, suggesting that the ban will be well-received by smokers.

Approximately one-third of smokers also “often” or “very often” noticed people smoking in entertainment media in the last 6 months. The portrayal of smoking in movies and television shows contributes to the normalization of smoking. Regulation of smoking in these media, such as prohibiting the use of identifiable tobacco brands or imagery, requiring anti-tobacco advertisements, and introducing a rating classification system that takes tobacco depictions into account could help to reduce the risk of smoking initiation among young people.

TOBACCO PRICE AND TAXATION

Increasing the price of tobacco through taxation is widely recognized as the most effective tobacco control measure. Article 6 of the FCTC obligates Parties to adopt pricing and taxation measures in order to reduce tobacco consumption.

Uruguay has imposed several tax increases on tobacco products since ratifying the FCTC in 2004, with tax increases occurring in July 2007 (between Waves 1 and 2) in March 2010 (between Waves 2 and 3). After the March 2010 tax increase, taxes made up 72.3% of the retail price for the most popular brand. The government has not increased tobacco taxes since March 2010.⁵⁷

Uruguay has legislation to counter illegal trade of tobacco products, where contraband is viewed as a customs infringement that is dealt with in civil and criminal law. However there is no system in place to assist in identifying legally sold products or the origins of tobacco products, despite evidence of considerable levels of illegal tobacco coming from Paraguay.^{27, 28}

The ITC Uruguay Surveys assessed smokers' perceptions of the cost of smoking, the influence of price on their tobacco purchasing decisions, and on whether the cost was a contributing factor in thinking about quitting. All cigarette packages in Uruguay must have the required pictorial warnings on 80% of the front and back of the package. As indicators of illicit trade, smokers were also asked where they last purchased their cigarettes and whether the label was the standard size, another size, or whether it had no warning label.

Influence of price on brand choice and quitting

Price and brand choice

At Waves 1 to 3, about one-third of smokers (33% at Wave 1; 27% at Wave 2; 30% at Wave 3) reported that the price was a factor in their decision to smoke their brand of cigarettes. This percentage increased to 37% at Wave 4.

Price as a reason to quit

Overall, between Waves 1 and 4, there was a decrease in the percentage of smokers reporting the price of cigarettes as a reason that led them to think about quitting "somewhat" or "very much" in the last 6 months (54% at Wave 1; 45% at Wave 2; 46% at Wave 3; 41% at Wave 4). This decreasing trend would suggest that cigarettes have become increasingly affordable and their price is not high enough to motivate quitting.

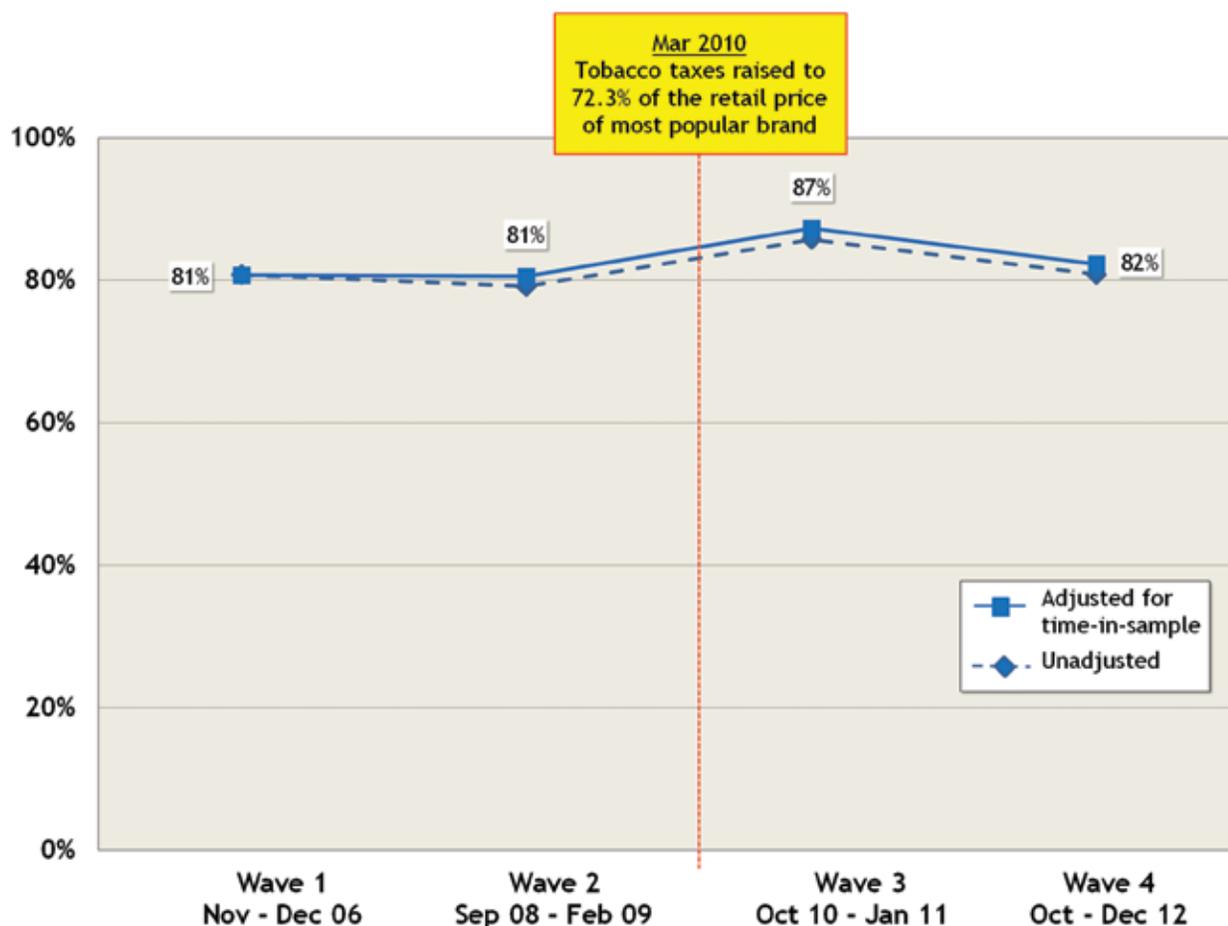
Concern about money spent on cigarettes

At Waves 1 to 4, smokers were asked their level of agreement with the statement "*You spend lots of money on cigarettes.*" At Wave 1 and Wave 2, 81% of smokers "agreed" or "strongly agreed" with this statement. Following the 2010 tax increase (between Waves 2 and 3) which raised tobacco prices such that taxes made up 72.3% of the retail price, the percentage of smokers who agreed that they spend lots of money on cigarettes increased to 87% at Wave 3. At Wave 4, the percentage decreased to 82% (see Figure 45).

Smokers were also asked if they spent money on cigarettes that should have been spent on food or other essentials in the last 6 months. At Wave 1, 19% of smokers indicated that they had spent money on cigarettes that should have been spent on household essentials. This percentage increased to 24% at Wave 2 and then remained relatively unchanged at Waves 3 (25%) and 4 (23%).

At Wave 4, more smokers reported that price was a factor in their decision to smoke their brand of cigarettes (37%) compared to Wave 3 (30%). In addition, the percentage of smokers who reported that they spend lots of money on cigarettes decreased from 87% at Wave 3 to 82% at Wave 4.

Figure 45. Percentage of smokers who “agree” or “strongly agree” that they spend lots of money on cigarettes, by wave

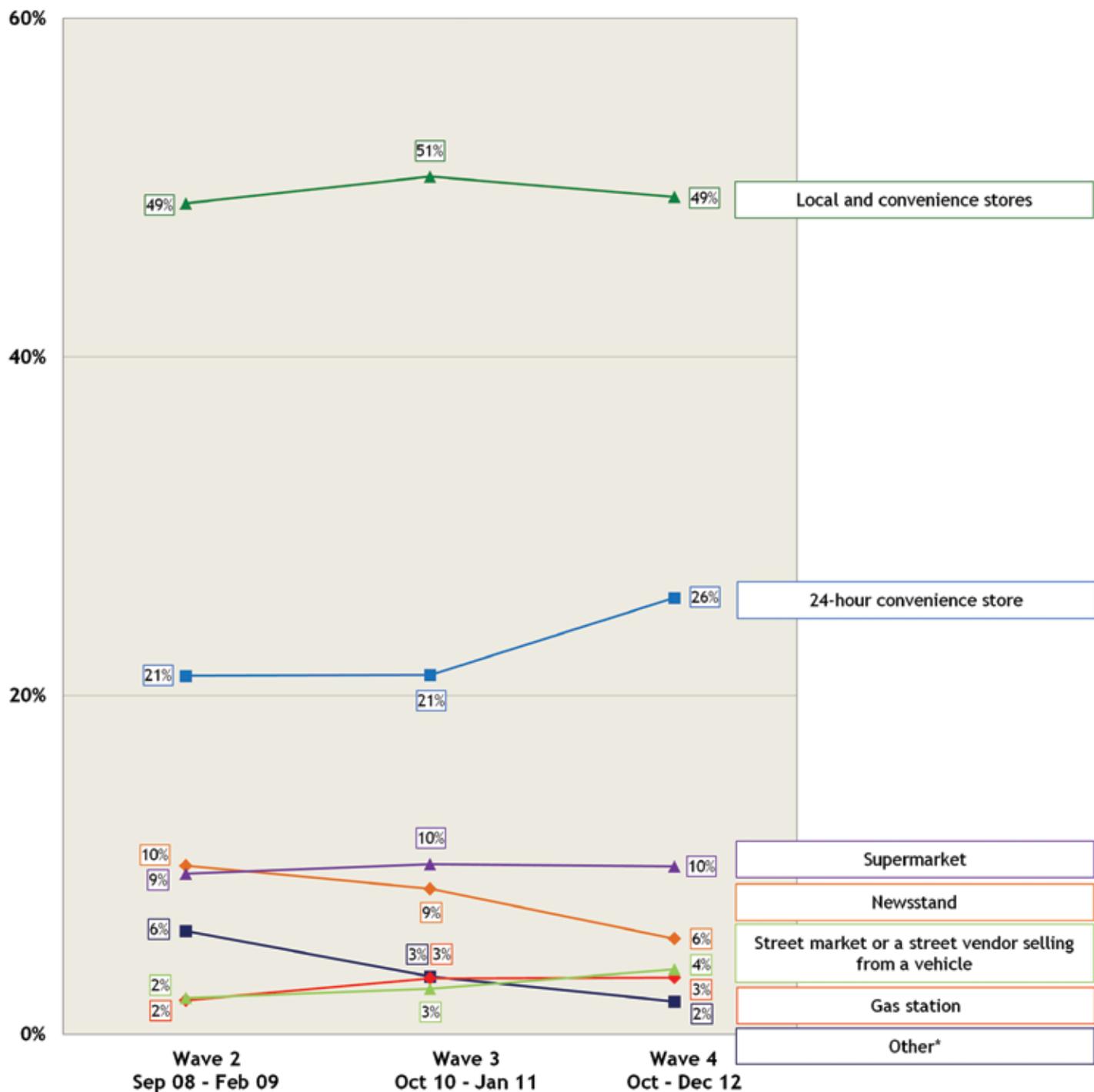


Source of last purchase of cigarettes

The ITC Uruguay Survey asked respondents where they last bought cigarettes. The results show that there is little to no evidence of tax avoidance through purchasing from a duty-free shop, outside the country, or from the Internet. Indeed, at Wave 4, only 0.5% and 0.1% of smokers reported last purchasing their cigarettes from a duty-free shop or from outside the country, respectively. No respondents reported last purchasing their cigarettes from the Internet.

Local and convenience stores were the most frequently reported source of last purchase, with approximately half (49%) of smokers indicating that they last bought their cigarettes from this source (see Figure 46). The next most commonly reported sources of last purchase were 24-hour convenience stores, supermarkets, and newsstands.

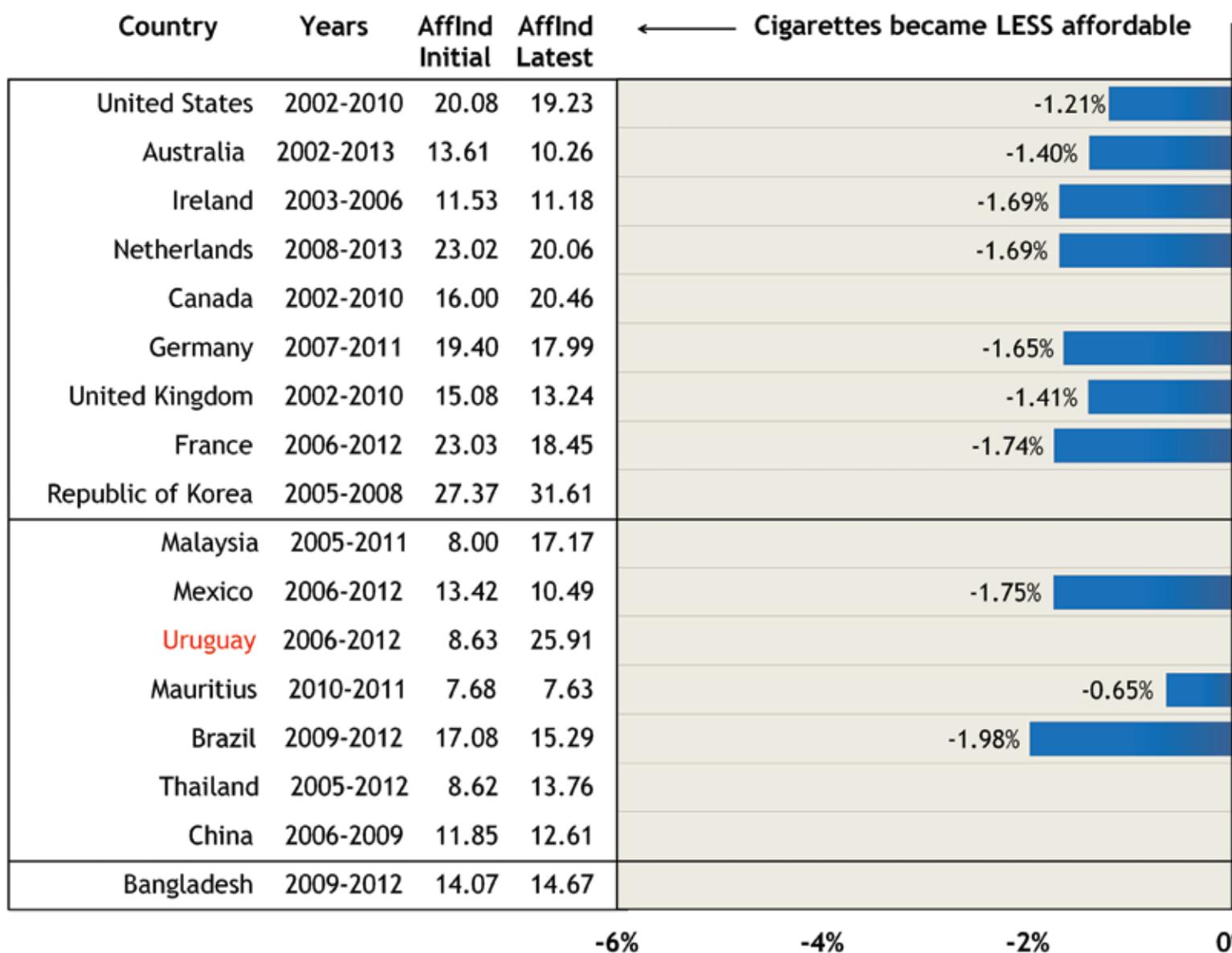
Figure 46. Percentage of smokers reporting buying cigarettes from specific sources at last purchase, by wave



* Sources where less than 1% of smokers reported last buying their cigarettes were grouped with "other." These sources include: recreational venues such as bars, coffee shops, tea shops, or restaurants; street vendors at a recreational venue, stadium, or court; duty-free shops; and outside the country.

Note: No respondents reported last purchasing cigarettes from a military store, the Internet, or vending machines.

Figure 47. Affordability of manufactured cigarettes and change in affordability per year in 17 ITC countries



Cigarette affordability

Data from the ITC surveys also allows for an analysis of the affordability of manufactured cigarettes, which refers to the quantity of resources (or income) that is required to purchase a daily dose of cigarettes. Higher affordability, for example, means that the price of a daily dose 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 4 (2012). This analysis took into account ITC data on price paid for the most recent factory-made cigarette purchase, number of cigarettes smoked per day, and household income. The results show that cigarettes became more affordable from Wave 1 to Wave 4, with an average annual increase in the Affordability Index of 2.03% (see Figure 47).

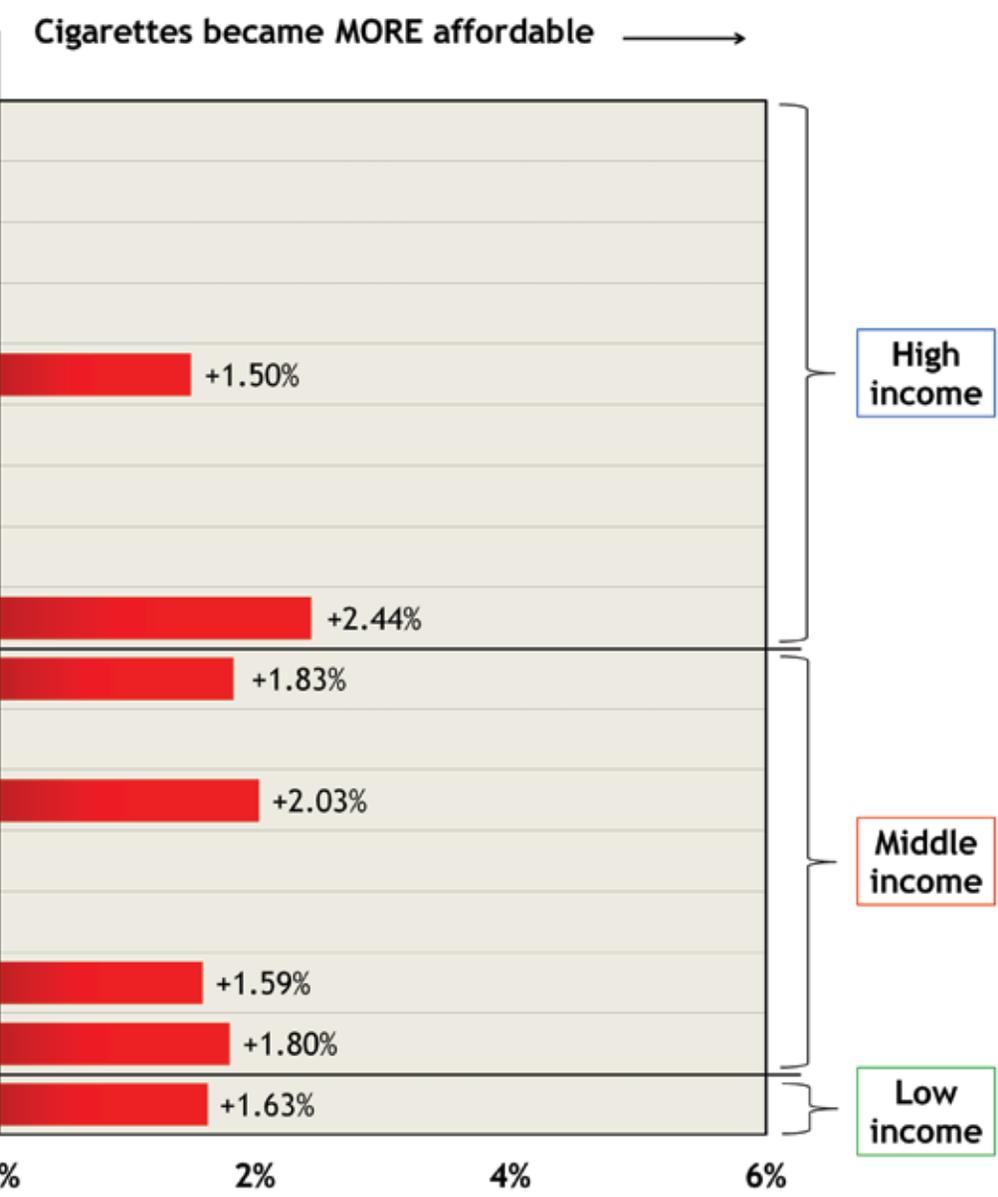


Figure 47 presents data for 17 ITC countries (males only): (a) Data presented for Mauritius is for Wave 2 (2010) and Wave 3 (2011). Data for the Republic of Korea is presented for Wave 1 (2005) and Wave 2 (2008). Data for all other countries is for the year of the first survey wave and of the most recent wave. Note that CPDIR is the cigarette price per day to daily income ratio, (b) **AffInd Initial:** the Affordability Index (the reciprocal of CPDIR) for the initial wave, (c) **AffInd Latest:** the Affordability Index (the reciprocal of CPDIR) for the most recent wave.*

* Change in Affordability Index per year = (% change in AffInd between the first survey wave and the most recent survey wave)^[1 / (Difference between the date at the 1/3 timepoint of the first survey wave interviewing period and the date at the 1/3 timepoint of the most recent survey wave interviewing period, in years)]. The date corresponding to 1/3 of the survey wave interviewing period was chosen because it was the approximate point at which 50% of the respondents had been interviewed for that survey wave in each country.

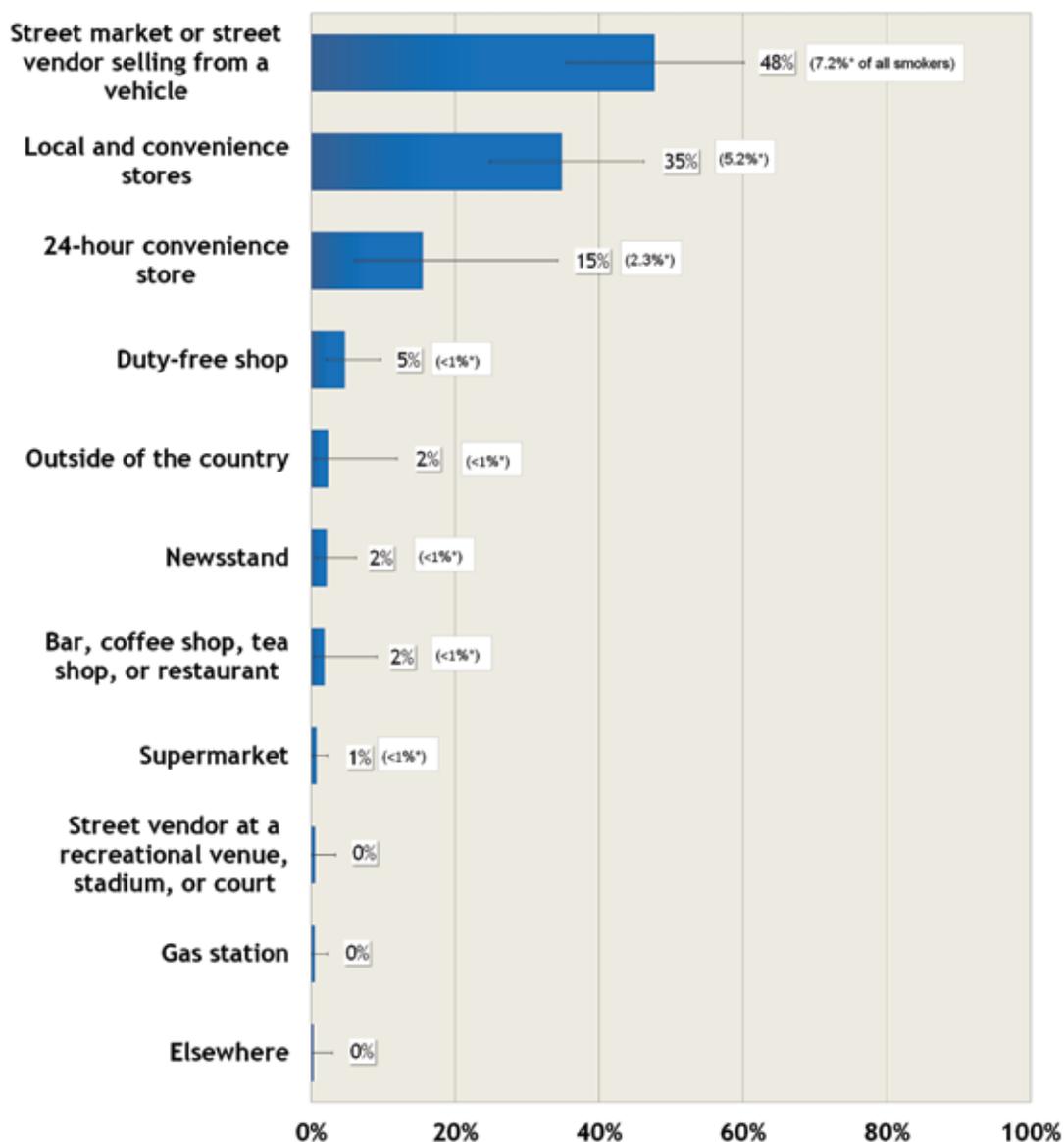
More detailed analysis of changes in cigarette affordability show that affordability increased between Waves 2 and 3 and between Waves 3 and 4; however, the increase was greater between Waves 3 and 4. ITC Uruguay data also show that average annual incomes increased more between Waves 3 and 4, compared to Waves 2 and 3. These findings point to the importance of considering income growth when setting tax policies. Countries that have indexed inflation in their tax levels over time have seen considerable increases in the effectiveness of tobacco taxes on consumption and prevalence (e.g. France tripled cigarette prices by raising taxes at least 5 percent higher than the inflation rate every year between 1990 and 2005. This led to a decrease in cigarette consumption immediately, halved cigarette consumption in 15 years, decreased male lung cancer rates 7 years later, and doubled inflation-adjusted tobacco revenues).

Sources of less expensive cigarettes

At Wave 4, after reporting where they last purchased cigarettes, smokers were asked “Did you purchase cigarettes from this location because you can get cigarettes at a cheaper price?” At Wave 4, 18% of smokers responded “yes” to this question. Among these smokers, the most commonly reported sources of last purchase were local and convenience stores (37%), street markets or street vendors selling from a vehicle (29%), and 24-hour convenience stores (25%). Less than 5% of smokers who last purchased their cigarettes from a specific source because they are cheaper reported purchasing from newsstands (3%), supermarkets (3%), or other sources (4%).

Smokers were also asked how often they tried to find cigarettes that are cheaper than normal in the last 6 months. At Wave 4, 15% of smokers reported that they had “occasionally” or “often” tried to find cheaper cigarettes. Among those who had tried to find cigarettes that are cheaper than normal (15% of smokers), the most frequently reported source of these less expensive cigarettes were street markets or street vendors selling from a vehicle (48%), local and convenience stores (35%), and 24-hour convenience stores (15%). Less than 5% of smokers who looked for cheaper sources bought these less expensive cigarettes outside of the country; at newsstands; bars, coffee shops, tea shops, or restaurants; or supermarkets (see Figure 48). Similarly, few smokers who tried to find cigarettes that are cheaper than normal engaged in tax avoidance by purchasing at duty-free shops (5%).

Figure 48. Sources where smokers bought less expensive cigarettes in the last 6 months, among those who tried to find cigarettes that are cheaper than normal, Wave 4 (Sep – Dec 2012)

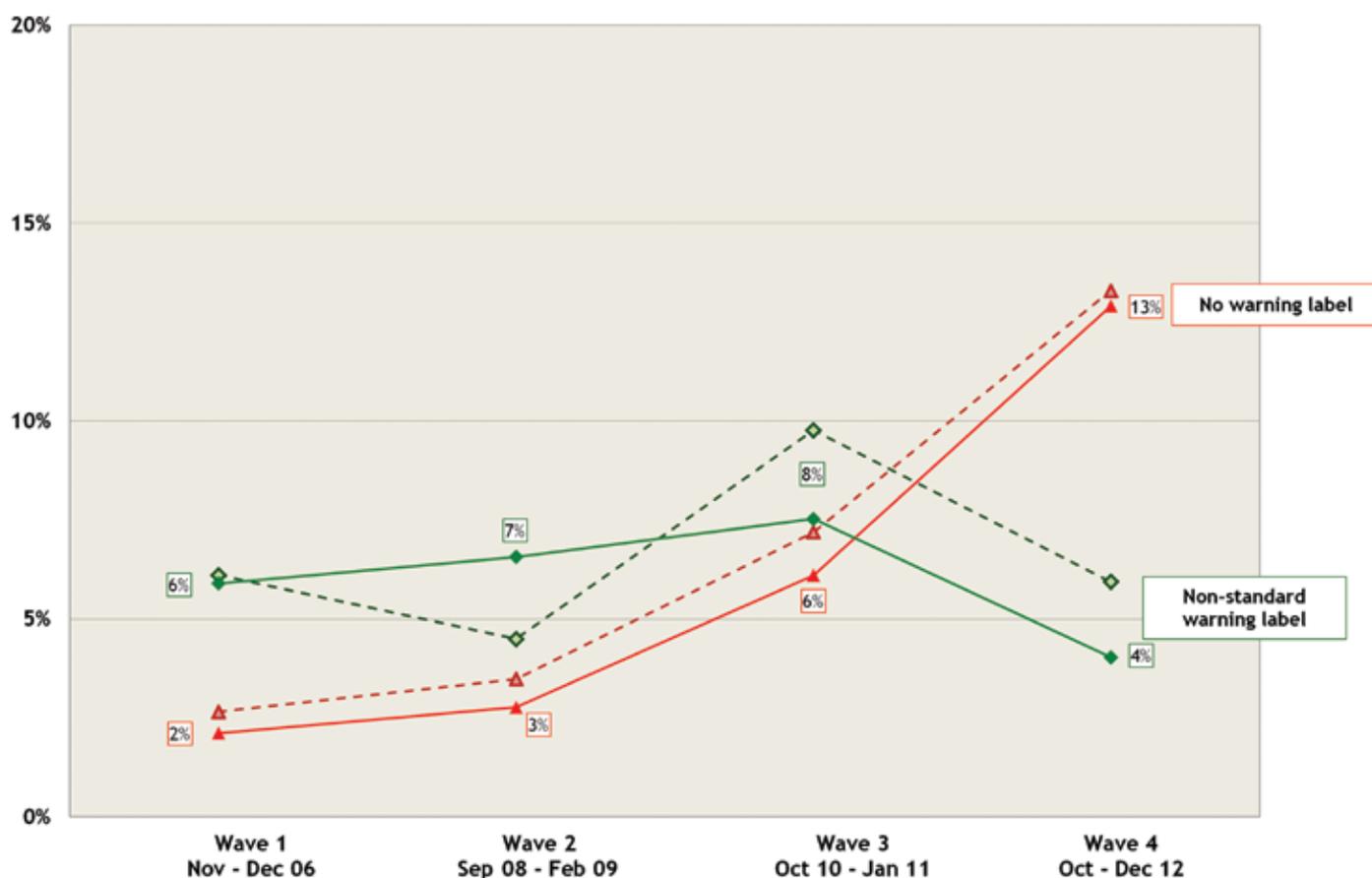


Note: No respondent who reported “occasionally” or “often” trying to find cigarettes that are cheaper than normal in the last 6 months reported purchasing these less expensive cigarettes at military stores, on the Internet, or from a vending machine.

Tax evasion

Tax evasion involves illegal methods of avoiding tobacco taxes, such as illicit trade or production of genuine counterfeit tobacco products. The ITC Uruguay Survey asked smokers whether the health warning label on the package of their usual brand of cigarettes 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. The percentage of smokers reporting non-standard warning labels on their cigarettes packs remained relatively unchanged at around 6%, while there has been an overall increase in packs with no warning labels (from 2% at Wave 1 to 13% at Wave 4) (see Figure 49). Analysis of city-level data shows evidence of an increase in the percentage of packs with no warning labels in Montevideo between Wave 2 (3.7%), Wave 3 (6.5%), and Wave 4 (11.5%). There is also some evidence of increases in the percentage of packs with no labels in the border towns of Salto (15.8% at Wave 3 to 24.6% at Wave 4) and Rivera (12.6% in Wave 3 to 31.4% in Wave 4); however, these estimates are less stable due to small sample sizes.

Figure 49. Percentage of smokers' cigarette packs showing evidence of possible tax avoidance/evasion, by wave*†‡



* The solid lines represent frequencies adjusted for time-in-sample while the dashed lines represent the corresponding unadjusted frequencies.
 † Unadjusted for smoking status and age groups were collapsed into two categories, (18-39) and (40-55+).
 ‡ Note that the definition of the standard size of the warning label (80% of the front and back of the pack) was given to respondents in the Wave 3 replenishment survey question and the Wave 4 recontact and replenishment survey questions.

Overall between Waves 1 and 4, there was an increase in the percentage of smokers reporting that their pack has no warning labels (from 2% at Wave 1 to 13% at Wave 4). The percentage of smokers reporting non-standard warning labels on their cigarettes packs remained relatively unchanged at around 6%.

Conclusions

Uruguay has implemented several tax increases over the period covered by the ITC surveys, however there is evidence to suggest that even with the increase in taxes, there is need for stronger taxation policies, especially considering the substantial increase in affordability due in large part to significant increases in income among Uruguayans. There was a decrease in the percentage of smokers who agree that they spend too much money on cigarettes. ITC affordability analysis also shows that cigarettes have become more affordable over the last four waves, suggesting that the tax increases have not been high enough to offset income growth in Uruguay. These findings suggest that there is room for further price increases on tobacco products in Uruguay.

There is little evidence of tax avoidance; however, findings show some evidence of tax evasion or illicit cigarette trade. The overall increase in smokers' cigarette packs with no warning labels suggests the need for improved surveillance and track and tracing systems in Uruguay and worldwide to curb the illicit cigarette trade. Further analysis of ITC Uruguay data is under way to better understand trends in the use of illicit brands.

ITC affordability analysis shows that cigarettes have become more affordable between 2006 and 2012 suggesting that the tax increases have not been high enough to offset income growth in Uruguay. This finding suggests that there is room for further price increases on tobacco products in Uruguay. The increase in the percentage of smokers reporting having packs with no warning labels suggests the need for improved surveillance and track and tracing systems in Uruguay and worldwide to curb the illicit cigarette trade.

CONCLUSIONS AND IMPLICATIONS OF THE FINDINGS

Uruguay is recognized as a global leader in the implementation of strong tobacco control policies to meet its commitment to the FCTC and to curb the harmful tactics of the tobacco industry. The ITC Uruguay Wave 1 to 4 Surveys (2006 – 2012) evaluate the effectiveness of these policies. This section summarizes Uruguay's successes and challenges in tobacco control policy implementation, and provides key recommendations for actions to further strengthen tobacco control efforts.

Smoking Behaviour

Successes

Use of hand-rolled tobacco among smokers has remained low between 2006 and 2012 and decreased to less than 10% of smokers between 2010-11 and 2012.

There is growing sentiment among smokers that tobacco companies are unethical – increasing from 45% of smokers in 2006 to 59% of smokers in 2012. There was also an increase in the percentage of smokers who believe that tobacco companies can be trusted to tell the truth about the damage done by their product from 22% of smokers in 2010-11 to 28% in 2012.

Smokers' support for government action to remedy the harm done by smoking has increased from about half (49%) of smokers in 2006 to more than two-thirds (68%) of smokers in 2012. Although Uruguay is a leader in tobacco control, this suggests that the policy environment is favourable for the Uruguay government to implement even stronger tobacco control measures.

Challenges

The majority of smokers in all ITC countries regret smoking. The increase in regret at Wave 3 among smokers in Uruguay (from 64% to 72% of smokers) remained steady at Wave 4 (70%). This is similar to levels of regret in Mexico, but lower than in Brazil.

The average number of cigarettes smoked per day among daily smokers in Uruguay has remained relatively unchanged across the 6 years (approximately 16 cigarettes per day). This is similar to Brazil and other high income countries, but approximately double that of Mexican daily smokers.

Although the sale of e-cigarettes is banned in Uruguay, about one-third of smokers in Uruguay have heard of e-cigarettes and among those who have heard of them, 8% have tried them. These rates of awareness of e-cigarettes are similar to Brazil (35%) and Mexico (34%), while rates of trying e-cigarettes slightly higher than in Brazil and Mexico (both at 4%). It is anticipated that sales of e-cigarettes will continue to increase, while the broad public health impact of their use is currently not known.

More than a third (37%) of smokers used price to choose their brand in 2012 – an increase from 30% in 2010-2011. This suggests the continued availability of cheaper, more affordable brands.

Rates of societal disapproval of smoking have remained steady at approximately 60% of smokers between 2006 and 2012. These rates are similar to Mexico and Brazil, but low in comparison to high-income ITC countries.

Recommendations

1. Continue to monitor research on the potential benefits and concerns of e-cigarette use to inform regulations.
2. Continue public awareness campaigns that focus on societal impacts of smoking including economic and social impacts of smoking, such as lost productivity, increased healthcare costs, and the pain and suffering experienced by families.

Smoking Cessation

Successes

Between 2006 and 2012, 16.1% of the sample in Montevideo and 16.3% of the sample in the Inland cities had quit smoking.

The majority of smokers are trying to quit. Across all four survey waves, approximately two-thirds of smokers reported that they have tried to quit smoking at some point in time. The percentage of smokers who made a quit attempt increased from 39% in 2010-11 to 44% in 2012.

The percentage of smokers reporting that they are not planning to quit has steadily decreased between from 40% in 2006 to 31% in 2012.

The majority of smokers (95% in 2012) are aware of medications to help with cessation, including nicotine gum or patches, and stop-smoking pills. Use of stop-smoking medications among those who have heard of them has increased from 5% in 2008-09 to 17% in 2012. At Wave 4, 44% of smokers who visited a doctor or other health professional in the last 12 months received advice to quit smoking.

There is small, but growing use (from 3% of smokers in 2006 to 8% in 2012) of the Internet as a source of information about quitting.

There is growing sentiment among smokers that the government should do more to remedy the harm done by smoking from about half (49%) of smokers in 2006 to more than two-thirds (68%) in 2012 and even stronger support (74% of smokers) for a total ban on tobacco products within 10 years if government assistance was provided to help smokers to quit.

Challenges

Although there has been a decrease in the percentage of smokers who are not planning to quit, few smokers have plans to quit in the near future. In 2012, less than 10% of smokers reported that they plan to quit in the next month and less than 10% reported that they plan to quit in the next 6 months.

Recommendations

1. Uruguay should continue to implement and promote programs and policies to encourage cessation – including stronger price and tax policies. Preliminary evidence from other studies suggesting increases in quitting among pregnant women resulting in positive birth outcomes associated with non-price policies suggest that cessation among this group could be even further increased by targeted campaigns and price and tax increases.

Smoke-free Public Places

Successes

The low prevalence of smoking indoors in restaurants and cafés following Uruguay's comprehensive smoking ban in 2006 has been sustained over time. From 2008-09 to 2012, 5% of smokers reported noticing smoking indoors in these venues in the last 6 months. Support for the ban on smoking indoors in these venues has continued to increase among smokers from 79% of smokers in 2008-09 to 90% of smokers in 2012.

Support for the complete ban in bars and cantinas has increased from 70% to 82% between 2008-09 and 2012. About 10% of those who visited a bar in the last 6 months reported noticing people smoking inside bars between 2008-09 and 2012. This rate of non-compliance is lower than in Brazil (19% noticed among smoking in bars among those who visited a bar in the last 6 months in 2012-2013).

Support for bans on smoking in other indoor public venues, such as nightclubs and pubs, casinos, and hotels has steadily increased from approximately two-thirds of smokers in 2008-09 to more than 80% of smokers in 2012. There is strong support among smokers for a law banning smoking in cars with children (88% of smokers in 2012).

A growing percentage of smokers reported having complete smoking bans inside their homes after the 2006 smoke-free law was implemented, from 21% of smokers in 2006 to 37% of smokers in 2012. Although this increase in home smoking bans is an indicator of increasing negative social norms about smoking and growing awareness of the harms of secondhand smoke, evidence from other Latin American countries suggest that the rate of home smoking bans can be even higher as almost half of smokers report home bans in Brazil and about 60% report home bans in Mexico.

Challenges

Although support for the workplace smoking ban is almost unanimous among smokers (92% in 2012) and among the highest of 19 ITC countries, there continue to be challenges with compliance as 25% of smokers reported noticing smoking in indoor areas of their workplace in 2010-11 and 2012.

Support for bans on smoking in outdoor public venues is low. In 2012 less than one-third of smokers support bans on smoking in stadiums (29%), public parks (20%), and public pools and beaches (16%).

Recommendations

1. Stronger enforcement of smoking bans in workplaces is needed to ensure that all employees are protected against exposure to secondhand smoke.
2. Sustained funding for mass media campaigns to educate the public about the harms of secondhand smoke may be helpful to not only increase the effectiveness of the smoke-free laws, but also to further increase the adoption of home smoking bans.
3. High support among smokers for a ban on smoking in cars with children suggests that Uruguay is well-positioned to adopt smoke-free car legislation.

Packaging and Labelling

Successes

Improvements in warning label effectiveness that resulted from the introduction of the larger (from 50% to 80% of the front and back of the pack), more graphic Round 4 warnings in 2009 have been sustained after the introduction of two new images in Round 5 in 2012.

The percentage of smokers who reported that warning labels on cigarette packs was a reason to think about quitting increased from 25% in 2008-2009 (when the warnings were symbolic and covered only 50% of the front and back of the pack) to 36% in 2012 (when the labels were more graphic and covered 80% of the front and back of the pack).

There is modest evidence of a positive impact of the single presentation brand policy as the percentage of smokers who had false beliefs that lights are less harmful decreased from 29% before the policy to 15% after the policy.

Challenges

Although fewer smokers incorrectly believe that “light” cigarettes are less harmful, almost one-third (29%) of smokers still consider their brand to be a “light”, “mild”, or “low tar” brand.

The majority (91%) of smokers believe that although the words “light” or “mild” or “smooth” can no longer be used in Uruguay, the same cigarettes are being sold under different names.

Recommendations

1. More aggressive restrictions on the design of the package are recommended to counteract deceptive packaging practices and reduce smokers’ misperceptions of harm. Uruguay may consider the plain packaging legislation that Australia has implemented which removes brand colour and logos and other information other than pictorial warnings about the dangers of smoking. Almost half (44%) of smokers agree that these packaging restrictions should be required of tobacco companies.

Education, Communication, and Public Awareness

Successes

Despite the decrease in the presence of campaigns about the harms of smoke or the benefits of quitting, the majority of smokers are aware of many of the health risks of cigarette smoke and the dangers of exposing non-smokers to secondhand smoke. Awareness of some smoking-related health effects, for example impotence and stroke, increased following the implementation of health warnings that depicted images of these effects.

Although less than a quarter of smokers reported seeing the “Stage of Sickness” campaign ads, findings suggest that the ads were impactful as almost two-thirds of those who saw them indicated that the ads made them think about quitting smoking “somewhat” or “a lot.” About two-thirds of all smokers thought that advertising about the dangers of smoking or encouraging quitting has made smoking less socially acceptable.

Challenges

Low rates of reach of the National “Stages of Sickness” campaign, but the high effectiveness among those who saw the campaigns, suggest the need to determine most effective ways to reach the public.

Recommendations

1. Sustained funding for ongoing anti-smoking campaigns, in addition to continued frequent implementation of strong pictorial warnings are recommended to address specific gaps in knowledge of the harms of cigarette smoking.
2. Consider the most appropriate media to reach the intended audience for future campaigns, including electronic media e.g. text messages, e-mail, web sites, blogs, social networks etc.

Tobacco Advertising, Promotion, and Sponsorship

Successes

Uruguay has recently passed legislation to ban tobacco advertising and the display of tobacco products at point of sale, thus addressing a final step to achieving a comprehensive ban on TAPS as required by Article 13 of the FCTC. Almost two-thirds (63%) of smokers are in favour of this ban.

There were significant decreases in noticing tobacco advertising in most venues following the 2008 advertising ban. Further declines were achieved at Waves 3 and 4, approximately 2.5 and 4.5 years after the ban, respectively.

Promotion of cigarettes and sponsorship of public events by tobacco companies was reported by fewer than 10% of smokers in 2012.

Challenges

In 2012, about a third of smokers noticed tobacco advertising at point of sale. However, with strong education of retailers and enforcement, it is expected that this rate will decline after the POS advertising and display ban is implemented.

Across Waves 1 to 4, about one-third (36%) of smokers noticed the unpaid depiction of tobacco use in the entertainment media.

Recommendations

1. Regulation of smoking in these media, such as prohibiting the use of identifiable tobacco brands or imagery, requiring anti-tobacco advertisements, and introducing a rating classification system that takes tobacco depictions into account could help to reduce the risk of smoking initiation among young people.

Tobacco Price and Taxation

Successes

Smokers increasingly report that price is an important factor in their brand choice decisions. This suggests that price increases across all brands and forms of tobacco could achieve a significant reduction in smoking prevalence.

Challenges

The government of Uruguay has not increased tobacco taxes since March 2010. Between 2010-11 and 2012, the percentage of smokers who reported that price of cigarettes led them to think about quitting smoking in the last 6 months decreased from 46% to 41%.

Affordability of cigarettes has increased between 2009 and 2012 with an average annual increase in the Affordability Index of 2.03%.

The increase in non-standard pack warnings and packs with no labels between 2010-11 and 2012 provide some evidence of an increase in illicit trade. There is no system in place to assist in identifying legally sold products or the origins of tobacco products, despite evidence that the country receives illegal tobacco from Paraguay.

Recommendation

1. Uruguay should implement an increase in tobacco prices to reduce the affordability of tobacco products.
2. Uruguay should consider implementing a track and tracing system to curb illicit trade activity.

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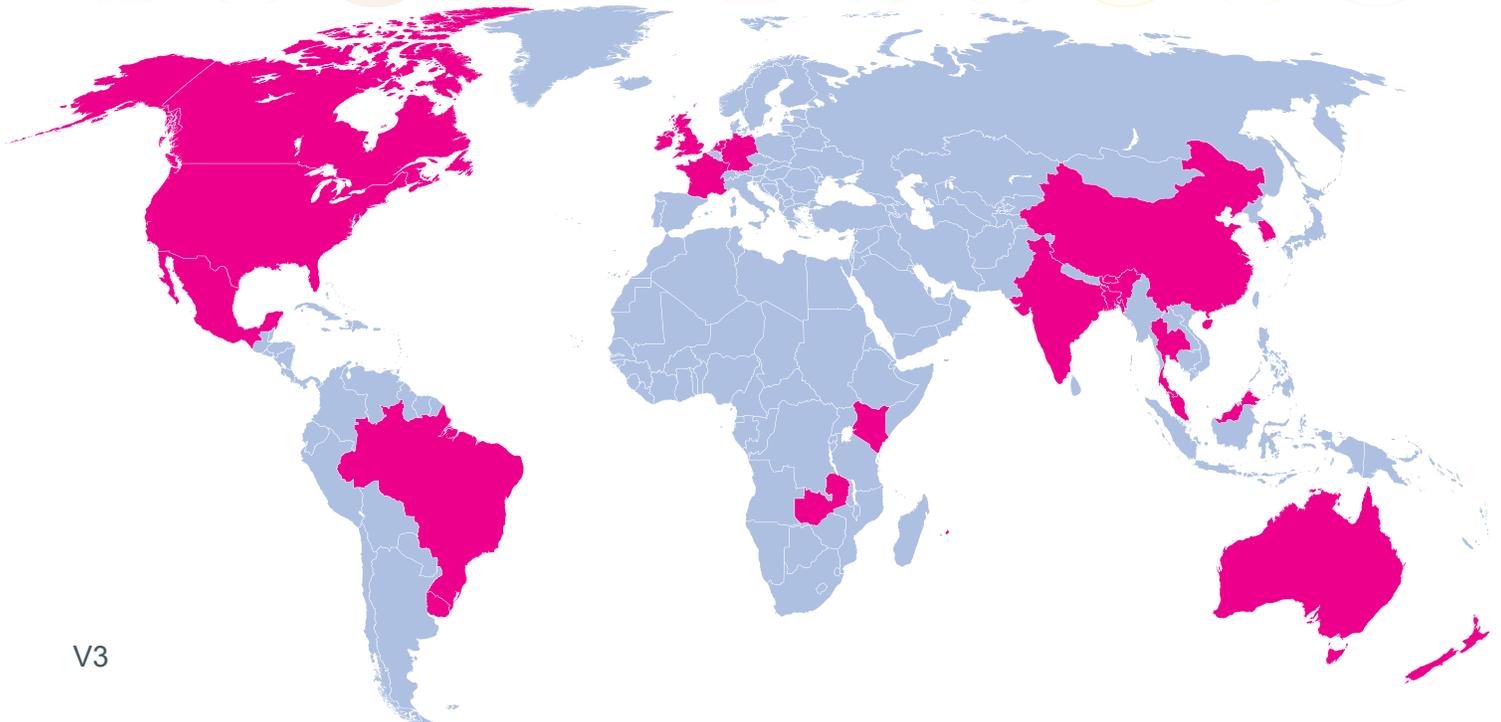
The ITC Project Evaluating the Impact of FCTC Policies in...

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

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China (Mainland)
France

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India
Ireland
Kenya
Malaysia
Mauritius
Mexico
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