Global Adult Tobacco Survey

Argentina 2012

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National Authorities

President of the Nation

Ms. Cristina Fernández de Kirchner

Health Minister

Mr. Juan Luis Manzur

Secretary of Health Promotion and Programs

Mr. Máximo Diosque

Undersecretary of Prevention and Risk Control

Ms. Marina Kosacoff

Director of Health Promotion and Control of Noncommunicable Diseases

Mr. Sebastián Laspiur

Coordination of Non-communicable Diseases Surveillance

Mr. Daniel Ferrante

Minister of Economy and Public Finances

Mr. Hernán Lorenzino

Director of National Institute of Statistics and Censuses (INDEC)

Ms. Ana Edwin

Technical Director of INDEC

Mr. Norberto Itzcovich

National Director of Statistics on Living Conditions

Mr. Claudio Comari

Director of Household Income and Expenditures Studies

Mr. Alejandro Moyano

Coordination of Special Surveys

Ms. Dolores Ondarsuhu

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The Global Adult Tobacco Survey in Adults (*Encuesta Mundial de Tabaquismo en Adultos* –EMTA- in Spanish) 2012 was implemented in Argentina by the Bureau of Health Promotion and Control of Non-communicable Diseases, the Ministry of Health of the Nation and the Coordination of Special Surveys of the Bureau of Household Income and Expenditures Studies of the National Institute of Statistics and Censuses.

GATS Argentina Working Group

Ministry of Health

General coordination and conceptual design: Dr. Jonatan Konfino, Dr. Daniel Ferrante

Adaptation of the questionnaire: Dr. Jonatan Konfino, Dr. Bruno Linetzky, Dr. Daniel Ferrante

Final report: Dr. Jonatan Konfino, Lic. Lucila Goldberg, Dr. Bruno Linetzky, Dr. Daniel Ferrante

Report review: Lic. Martín Bruzzone, Lic. Luciana Zarza, Dr. Sebastián Laspiur, Ms. M. Andrea Romero

National Institute of Statistics and Censuses

Coordination (general and field work): Lic. Dolores Ondarsuhu

Adaptation of the questionnaire: Lic. Dolores Ondarsuhu

IT: Mr. Martín Anzorena, Mr. Esteban Campos

Sampling design: Lic. Augusto Hoszowski

Data analysis: Lic. Mariano Zaragoza

Final report: Lic. Dolores Ondarsuhu

Report review: Mr. Alejandro Moyano, Mr. Claudio Comari

Acknowledgements

International partners

Message from the Minister of Health

Non communicable diseases (cardiovascular diseases, diabetes, cancer, chronic respiratory diseases and injuries) are the leading cause of death worldwide. In Argentina more than 65% of deaths and a group of risk factors explain the vast majority of them: tobacco, poor diet, physical inactivity and alcohol consumption, among others.

In particular, smoking is the leading preventable cause of death in the world and in Argentina. We know that in our country it not only generates countless premature deaths but also affects the quality of life of the population as a result of diseases that generates, within which stand cardiovascular diseases, respiratory diseases and cancer.

GATS implementation is a milestone in the fight against smoking in Argentina. For a long time our country has been implementing regulatory initiatives at the national, provincial and municipal levels.

While the Ministry of Health monitors the tobacco epidemic in the country for over 10 years, GATS Argentina will deepen the understanding of this problem and guide appropriate policies to reduce the consumption of tobacco, prevent young people started in addiction, protect nonsmokers from secondhand smoke and ultimately improve the health of all the people in the country.

Therefore, it is an honor for me to present the final report of the Global Adult Tobacco Survey in Argentina.

Mr. Juan Manzur

Health Minister

Message from the Director of the National Institute of Statistics and Censuses

This publication presents the results of the Global Adult Tobacco Survey, which was implemented in our country as a result of the agreement signed between the Pan American Health Organization (PAHO) and the National Institute of Statistics and Censuses (INDEC), between May and August 2012. This agreement was established at the request of the Ministry of Health of the Nation and in compliance with current regulations, which states that the INDEC is the governing body of the National Statistical System.

INDEC together with the Provincial Statistics Offices, under the principle of policy centralization and executive decentralization, has implemented the Global Adult Tobacco Survey across the country, following a protocol that ensures international comparability of the information, and simultaneously it reflects the characteristics of the country.

This survey allowed to obtain detailed information about tobacco consumption by the population aged 15 and older, complementing other studies conducted by INDEC in previous years, such as the National Survey on Risk Factors in 2005 and 2009 and the Survey on Consumption of Psychoactive Substances 2008 and 2011. Thus, information about this subject has been produced in a sustained manner, ensuring that those primarily responsible for setting health policy and monitoring health conditions of the population have the supplies needed to monitor the consumption of tobacco over time.

The recent substantial statistical output on various topics related to Public Health enhances and enriches the knowledge of the social, economic and demographic features of our population, which have been investigated through an extensive repertoire of household surveys, the Bicentennial Census and administrative records.

It is the main function of the National Institute of Statistics and Censuses to produce reliable, integrated, timely and quality information from the demands of different government agencies.

In this context, the whole staff from Indec and the National Statistical System works with the full knowledge that the information on the various dimensions that characterize the living conditions of the population is essential for decision-making in public policy.

To corroborate that the national government initiatives are formulated based on information strengthens us in the conviction of the direction our country follows today, gives us great confidence in the future of the country and also gives us an enormous personal and professional satisfaction.

I wish to publicly express appreciation to the Ministry of Health of the Nation and PAHO for facilitating the integration of all the teams, who today we offer this valuable information to users.

Ms. Ana Edwin

Director of the National Institute of Statistics and Censuses

Message from the Director of the Pan American Health Organization (PAHO)

Noncommunicable diseases (NCDs) were responsible for 3.9 million (77%) deaths in the Americas, and it is estimated that around 1 million of these deaths were related to tobacco. Tobacco is one of the major preventable common risks factors of NCDs and unless urgent measures are adopted, it is expected that the number of deaths will continue to increase, especially in developing countries. Every year, 6 million people die from diseases related to tobacco consumption and secondhand smoke exposure. It is estimated that the death toll will increase to 8 million people by 2030. More than 80% of the mortality attributable to tobacco will occur in low- and middle-income countries, resulting in a high burden on families and national health systems, and generating tremendous health, economic, and social costs.

To respond to this epidemic, the global scientific and public health communities came to a consensus and developed the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). The WHO FCTC has been ratified by more than 170 countries and provides a roadmap that outlines measures to combat this epidemic. Countries of the Americas approved Resolutions in 2008 and 2010 at the Directing Council of the Pan American Health Organization, in order to strengthen tobacco control actions in the Region and to counteract tobacco industry interference.

Argentina has not yet ratified the WHO FCTC, although significant progress has been made at the subnational level. In 2011, a national law was approved, that while not yet totally implemented, prohibits smoking in enclosed public places, workplaces, and public transportation; establishes a comprehensive ban on tobacco advertising, promotion, and sponsorship; and requires the placement of pictorial health warnings on cigarette packages to warn people about the dangers of tobacco.

The establishment of a surveillance system for monitoring tobacco consumption and policies is essential for measuring progress and challenges for those policies and programs. Argentina is one of several countries in the Americas that have been made solid progress in monitoring risk factors. It was one of the first to join the Global Tobacco Surveillance System (GTSS) in 1999, with implementation of the Global Youth Tobacco Survey (GYTS), and in 2013 Argentina also joins more than 20 countries committed to implementing the Global Adult Tobacco Survey (GATS). The Ministry of Health also has established a model for structuring a risk factor surveillance system in partnership with the National Institute of Statistics and Censuses, a government agency responsible for producing official information at the national level. These commitments, in turn, have contributed substantially to the monitoring system's sustainability.

This report presents the results of GATS in Argentina, which will also serve as a baseline for future analysis. The report presents the progress made by the country and identifies areas where efforts need to be strengthened. Currently in Argentina, there are 6.1 million smokers and a majority of young people report being exposed to secondhand smoke in enclosed public places and to tobacco advertisements at points of sale. Therefore, the adoption of regulations and the enforcement of current legislation are effective ways to change this situation, and especially in light of the survey's finding that the majority of Argentines support the national tobacco control law.

Implementation of the GATS survey in Argentina forms an integral part of a global effort to strengthen national tobacco control programs and slow the pace of the NCD epidemic. The Pan American Health Organization wishes to take this opportunity to recognize and commend the efforts of its national and international partners in this initiative.

Carissa Etienne

Director PAHO/WHO

Executive summary

Tobacco use

In 2012, a total of 22.3% of population reported using tobacco, with a higher prevalence among men than women (29.6% versus 15.7%). Among tobacco users, the vast majority were smokers (22.1%), while only 0.2% of the population reported other forms of tobacco use.

Also, among cigarettes smokers, 17.1% reported smoking on a daily basis, and the average age at which respondents began to smoke daily was 16.2 years. Moreover, when asked about the type of smoked tobacco, the vast majority smoked cigarettes (21.9%).

The average daily number of smoked cigarettes was 12.2; that amount was higher for men (13.1) than for women (10.9), in the 50-64 age group (17.7), and in general, among daily smokers.

These data suggest a decline in smoking prevalence over the years (Figure 1), compared for example with the Second National Survey of Risk Factors 2009, in which there was a prevalence of 27.1%. This shows a reduction of 700,000 smokers since 2009.

Furthermore, in relation to consumption pattern was observed in GATS a lower average of cigarettes per day in daily smokers and a lower age of initiation than ENFR 2009, although as in this survey, the vast majority of smokers smoked on a daily basis.

Cessation

A total of 48.6% of current smokers (or former smokers who had quit for under one year) had made a quit attempt in the previous 12 months. This represents a greater interest in quitting comparing with ENFR 2009, where 43.5% had referred making an attempt.

As for the methods used to quit smoking, 89.9% of smokers who reported that they had made a quit attempt in the past 12 months or had not smoked for under 1 year, had done so without assistance.

Of the respondents who had consulted with health care providers in the past 12 months, 80.1% had been asked whether they smoked tobacco and only 60.5% had been advised to quit smoking.

Exposure to secondhand smoke

46.8% of the population surveyed reported having been exposed to secondhand smoke (SHS). A total of 31.6% of workers reported having been exposed in the workplace and 33% of respondents reported exposure to SHS in the home.

Exposure to SHS was the highest in night clubs (86.2%), followed by universities (40.9%), government buildings (24.5%), restaurants (23.2%), and educational establishments (23.1%). In health facilities, the exposure was 8.8%.

Tobacco economics

A total of 71.1% of current cigarette smokers purchased packs of 20 cigarettes. Also, 16.2% reported using cigarettes labeled as light, mild or low-tar (a pattern most common among older users), while 7.5% purchased flavored cigarettes (most commonly young people and women). The average cost of a pack of 20 cigarettes in Argentina was $7.96 (ARS), and the cost of 100 packs of manufactured cigarettes accounted for 1.5% of per capita gross domestic product[1] . Therefore, Argentina is the country that has the lowest relative cost of cigarettes in South America.

The place where the last pack of cigarettes was most frequently purchased was the kiosks (77.3%), followed by the stores (13.4%).

Media

A total of 75.8% of those surveyed had seen or heard information about the dangers of smoking or urging smoking cessation in a media outlet. More than half of the population (53.2%) reported having seen health warnings on a cigarette pack in the past 30 days.

As for cigarette advertising, 60.9% of all respondents had seen or heard some type of advertisement in the past 30 days. Advertisements were mostly seen in businesses where cigarettes are sold (41.9)

Knowledge, attitudes and perceptions

With GATS 2012 it became evident that 98.3% of the respondents stated that smoking tobacco causes serious illness and 91% said they knew that tobacco use causes heart attacks or infarctions. 86.6% said all types of cigarettes were equally harmful. Strong support for the National Tobacco Control Law was reported.

While it is the first population survey in adults in this regard, there was a history of the knowledge of the harms of smoking by teenagers where it was recorded that 68.9% of students 13-15 years of the country believed that SHS was harmful to health.

Figure 1: Smoking prevalence, Argentina 1999-2012
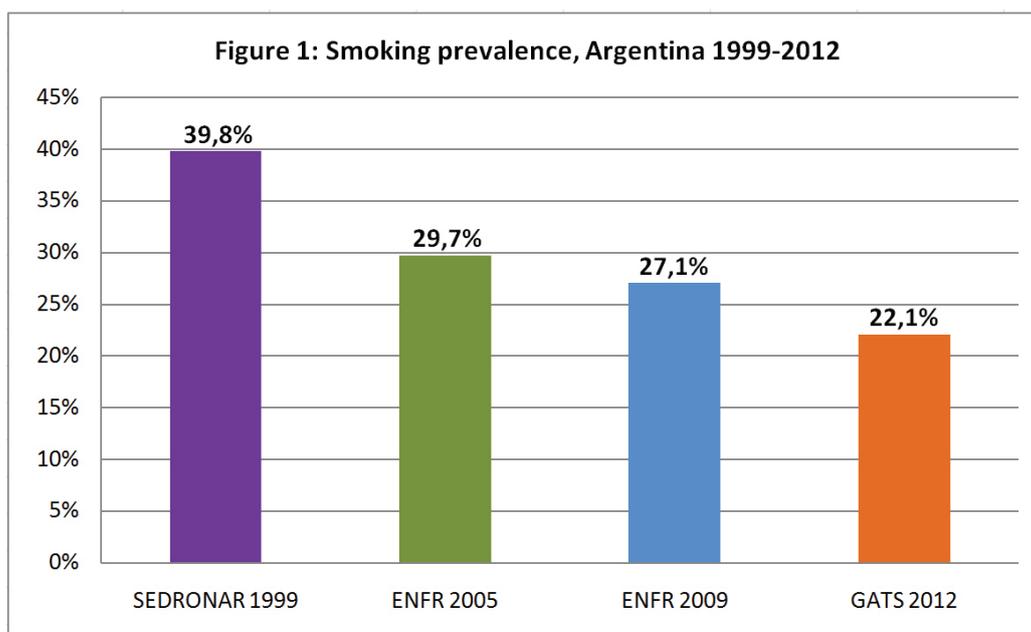
1. The GDP reported by the International Monetary Fund (year 2012) was used, following the standardized definition of this indicator included in GATS protocol..

Introduction

Tobacco use is the leading cause of preventable death in the world. Approximately 5 million people die each year due to tobacco-related illnesses—a figure that is expected to increase nearly to 8 million by 2030[1].

In Argentina, tobacco use causes nearly 40,000 deaths each year—primarily from Non-communicable Diseases (NCDs) such as cancer and cardiovascular or respiratory diseases. Moreover, 824,804 disability-adjusted life years are attributable to smoking, and direct health care costs associated with tobacco are equal to the revenue from taxes on tobacco products[2].

Argentina is a leading tobacco producer. It ranks 15th worldwide for the number of smokers and has one of the highest smoking prevalence rates in the region, after Chile[3].

Our country has signed but has not yet ratified the World Health Organization Framework Convention on Tobacco Control (WHO FCTC). Despite this, many provinces have enacted laws, especially on smoke-free environments. A National Tobacco Control Law enacted in 2011 mandates 100% smoke-free environments, restrictions on tobacco advertisements and sponsorship, and health warnings on tobacco products. A National Tobacco Control Program under the Ministry of Health was established in 2003 to coordinate tobacco control activities with the active participation of provincial governments and civil society[4].

Since 2009, the Program actions were enhanced, integrated and articulated in the National Strategy for Prevention and Control of Non-communicable Diseases and created the National Plan "Healthy Argentina" (RM 1083/09) under the new Bureau of Health Promotion and Control of Chronic Non-communicable Diseases of the Undersecretariat of Prevention and Risk Control.

Information on trends in the tobacco epidemic is urgently needed to inform the design and monitoring of control measures. Since 1999, Argentina has conducted numerous population level surveys on tobacco prevalence, including Global Youth Tobacco Surveys (GYTS) in 2000, 2003, 2007 and 2012 among youth; Psychoactive Substance Use Surveys (SEDRONAR) in 1999, 2004, 2006, 2008 and 2011, among adults; and the National Survey of Risk Factors (ENFR) in 2005 and 2009, also among adults. As of 2012, however, the country lacked population-based indicators in other key domains that would allow for it to monitor new policies such as those suggested by the WHO FCTC and its policy package – MPOWER (Monitor tobacco use and prevention policies; Protect people from tobacco smoke; Offer help to quit tobacco use; Warn about the dangers of tobacco use; Enforce bans on tobacco advertising, promotion and sponsorship; Raise taxes on tobacco).

The Global Adult Tobacco Survey (GATS) is a component of the Global Tobacco Surveillance System (GTSS) implemented by the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC). GATS is a standardized household survey that enables participating countries to collect data on key tobacco use and control indicators. Results from GATS can be used in the design, tracking, and implementation of effective tobacco control interventions and in global comparisons, as set out in the WHO MPOWER policy package. WHO's mission is to reduce the global burden of disease and death caused by tobacco, thereby protecting present and future generations from the devastating health, social, environmental, and economic consequences of tobacco use.

GATS has been implemented in 19 countries in the world where over half of all smokers currently reside: Bangladesh, Brazil, China, Egypt, India, Indonesia, Malaysia, Mexico, Nigeria, Philippines, Poland, Romania, Russian Federation, Thailand, Turkey, Ukraine, Uruguay and Vietnam. Other countries such as Panama and Qatar are also in the implementation process. The CDC, WHO, the CDC Foundation, the Johns Hopkins Bloomberg School of Public Health, the Research Triangle Institute, and many countries throughout the world worked together to design and implement GATS.

GATS Argentina was conducted jointly by the Ministry of Health of Nation and the National Institute of Statistics and Censuses, throughout the country, covering over 95% of the Argentinean population and allowing to obtain estimates for five country regions.

The GATS questionnaire was adapted linguistically and culturally, adding optional questions related to local consumption trends in tobacco use and the degree to which control measures had been implemented at the time the survey was conducted.

Tobacco control in Argentina

National Tobacco Control Program

The **National Tobacco Control Program** under the Ministry of Health has been implemented in an integrated manner since late 2003 and was officially adopted by Resolution 1124 in August 2006. Its objectives are to prevent the onset of tobacco use, reduce use, protect the population from exposure to secondhand smoke and promote cessation. It addresses the main factors that contribute to high levels of tobacco use in Argentina, in particular, the ease of access to tobacco products, a positive public image of tobacco use, high levels of exposure to secondhand smoke, and the limited response capacity for tobacco cessation on the part of health services.

The Program's **lines of intervention** act on these four main determinants in a coordinated manner in order to control tobacco use through primary prevention, protecting the public from exposure to tobacco smoke, and cessation:
- Regulation of access to tobacco
- Promotion of a tobacco-free lifestyle
- Promotion and regulation of smoke-free environments
- Creation of cessation services and incentives

The Program's steering role is established, carried out, and sustained within the Ministry of Health, and reinforced by a network of teams and programs operating under the Provincial Health Ministries. The latter design and implement the general strategies proposed and agreed to under the Federal Health Plan in their respective jurisdictions.

The **strategic actions** that cut across the Program's lines of intervention and contribute to its implementation and sustainability, within the context of the National Plan "Healthy Argentina" include:

-Social, intersectoral, and intergovernmental participation

-Education and training

-Mass communication

-Promotion of local projects

-Studies and research

-Surveillance

Argentine Legislation[5]

When applied in combination with other measures, legislation can be an effective tool for bringing about changes in social norms that prevent the initiation of tobacco use, motivate smokers to quit, and protect the right of nonsmokers to breathe air free of tobacco smoke. For many years, Argentina did not have a national tobacco control law and the right to health was not set out in our Constitution. The 1994 constitutional reform, however, explicitly recognized the right to health (Article 42), establishing the basis for legislation to protect the population's health from the harm caused by smoking. For years, the laws enacted by provincial governments in their respective jurisdictions filled the gap created by the absence of a national tobacco control law. Law 23.344 of 1986 regulated advertising and promotion of tobacco products nationally and established a mandatory warning label for cigarettes: "Smoking is harmful to health."
On June 14th 2011 the National Tobacco Control Law (Law 26.687) was enacted and regulated on May 29th 2013 in Decree 602/2013. Its main aspects include the recommendations of WHO FCTC (Framework Convention on Tobacco Control), although Argentina is one of the few countries in the world that has not ratified the Convention. The law's main provisions include:

1. **Ban on smoking in all indoor areas** of public or private use including night clubs and bingo halls, bowling alleys, bars and restaurants, theaters, museums and libraries, public transportation, and covered stadiums. Smoking in the workplace—public and private—is expressly banned. The only exceptions to this are patios, terraces, balconies, and other outdoor areas of public locations, with the exception of schools and health services where smoking on the patios is not allowed.

2. **Ban on advertising, promotion, and sponsorship** of cigarettes or goods directly or indirectly manufactured with tobacco through any media or communications outlet, except for advertising or promotion inside the business where such products are sold, in commercial publications that exclusively target people in the industry, or through direct communications to individuals over 18 years of age with prior consent and age verification. All advertising and promotion must include a health message printed in black letters inside a white rectangle, which must cover 20% of the total size of the advertisement or promotional material.

3. **Mandated pictorial health warnings** (such as "Smoking causes sexual impotence," "Smoking causes cancer," or "Smoking takes years off your life") and the establishment of smoking cessation hotline (0800 222 1002) in the Ministry of Health. In addition, the words "light," "smooth," "mild," "low-tar," or similarly misleading terms can no longer be used.

4. **Ban on sales to minors (under 18 years of age).**

5. **Ban on cigarette sales in teaching facilities,** hospital facilities, government buildings, public transportation, museums, night clubs, and public entertainment venues like theaters, cinemas, or sports stadiums.

6. **Ban on the sale of loose cigarettes**, packs of less than ten units, and through vending machines.

7. **Fines** equivalent to between 250 and 1 million packs of 20 cigarettes at the highest price for failure to comply with the law. The fine will be levied on the owner of the establishment rather than on the smoker.

Impact of full application of the 2011 National Tobacco Control Law

Rigorous implementation and enforcement of the 2011 law and recently regulated, **would have enormous health benefits nationally. A recent study showed** that correct implementation of the law would prevent 7,500 deaths due to cardiovascular disease, 16,900 heart attacks and 4,300 strokes in the next 8 years[6].

Regulation of electronic cigarettes

Under Provision 3226/11 published in Official Bulletin on 9 May 2011, the ANMAT "prohibits the importation, distribution, marketing, and advertising or any form of promotion, throughout the national territory, of the electronic nicotine delivery system known as the Electronic Cigarette." This provision entered into force on the day following its publication.

Subnational legislation

Fifteen Argentine provinces have 100% smoke-free environment laws in place, and numerous municipalities have ordinances to that effect, many of which were enacted prior to the National Law. As of 2013, the National Law is in force in five provinces.

These subnational laws—especially those mandating 100% smoke-free environments—have proven effective in reducing exposure to secondhand smoke[7], reducing hospitalizations for acute myocardial infarction[8], and alleviating respiratory symptoms among restaurant employees. Appendix 1 lists the features of the subnational laws.

Tobacco use in Argentina

Since 1999, Argentina has conducted national surveys on tobacco use among adults through the Secretariat of Planning for the Prevention of Drug Addiction and Action against Drug Trafficking (SEDRONAR), the Ministry of Health of the Nation, the Ministry of Justice, National Bureau of the System of Information, Monitoring and Evaluation of Social Programs (SIEMPRO), and the National Institute of Statistics and Censuses (INDEC). Since these surveys were conducted using different methodologies (different objectives, definitions of smoker, sampling designs, age ranges, questionnaires); caution should be used when drawing comparisons. Nonetheless, they provide a panorama of trends in the tobacco epidemic in Argentina in recent years and spotlight the need for standardized instruments that generate comparable measurements to optimize resources. The table below shows the prevalence of tobacco use by gender (Table 1.1).

Table 1.1: National tobacco use surveys

Year	Survey	Age range	Prevalence in men	Prevalence in women	Total prevalence
1999	SEDRONAR[9]	16-64 years	45.6%	34.4%	39.8%
2001	National Survey on Living Conditions[10]	18 and over	35.9%	23.3%	29%
2004	ENCoSP[11]	12-65 years	40%	34.6%	37.1%
2005	ENFR[12]	18 and over	35.1%	24.9%	29.7%
2006	SEDRONAR	12-65 years	35.2%	29.1%	32.1%
2008	ENPreCoSP[13]	16-65 years	33.6%	25.5%	29.5%
2009	ENFR	18 and over	32.4%	22.4%	27.1%
2011	ENPreCoSP[14]	16-65 years	32.7%	22.5%	27.6%

Health impact of tobacco use in Argentina

A study on the burden of disease caused by tobacco in Argentina was carried out in 2002. Based on estimated prevalence for that year, approximately 825,000 healthy life years were lost due to diseases caused annually by tobacco use. More than a third of healthy life years lost were linked to premature death and the vast majority to a life with varying degrees of disability. Moreover, in 2002 alone over 40.000 people died in Argentina from tobacco-related diseases, which accounted for 16% of all deaths of individuals over age 34. Respiratory diseases account for most of the overall burden mainly because of the enormous weight of the resulting disability; in other words, these irreversible pathologies can result in many years of survival with disability, compared to other diseases related to tobacco use.

Cardiovascular disease is the leading cause of premature death and also contributes significantly to the burden of disability. As can be observed—and this is consistent with other international studies—while different cancers contribute significantly to mortality, they are not a major cause of disability due to their relatively short survival period. Refer to Table 1.2 for disability adjusted life years (DALY) for specific diseases caused by tobacco use.

The contribution of respiratory diseases associated with poor quality of life is particularly high, especially Chronic Obstructive Pulmonary Disease and Pulmonary Emphysema, irreversible diseases which can produce several years of survival with significant limitations due to respiratory failure, infections, heart damage and other accompanying phenomena. These findings have direct correlation with reports from the international literature.

Table 1.2: DALY caused by tobacco use, by diseases

Diseases	DALY*	%
Malignant neoplasms	113,381	13.7
Lips, mouth, pharynx	5,783	0.7
Esophagus	10,313	1.3
Stomach	6,542	0.8
Pancreas	8,324	1.0
Larynx	7,638	0.9
Windpipe, bronchia, lung	64,581	7.8
Cervix	2,326	0.3
Bladder	3,551	0.4
Kidney	4,324	0.5
Cardiovascular	2,391,372	28.9
Arterial hypertension	7,352	0.9
Ischemic cardiovascular disease	47,368	5.7
Other heart conditions	85,437	10.4
Stroke	88,873	10.8
Atherosclerosis	961	0.1
Aortic aneurism	7,023	0.9
Other arterial conditions	2,357	0.3
Respiratory	47,052	5.7
Pneumonia and influenza	22,767	2.8
Chronic bronchitis	62,813	7.6
COPD, emphysema	38,472	4.7
Total	824,804	100.0

*DALY: Disability-Adjusted Life Year

Economic impact of tobacco use on Argentina

A study on the direct health costs of tobacco conducted in 2003-2004[15] focused on the costs of the following diseases associated with tobacco exposure: lung cancer, chronic obstructive pulmonary disease (COPD), acute myocardial infarction (AMI), and stroke, which together account for approximately 70% of all smoking-related deaths.

State of the art public hospital services were selected in order to identify a standard case for each of the four diseases and their potential degrees of severity. The study examined the diagnostic, therapeutic, and rehabilitation procedures that a patient could reasonably expect to receive based on the standards of care in the reference hospitals. Institutional and medication charges were calculated based on the generic name and lowest prices.

Overall costs were estimated based on the following:

1- The unit costs of the four pathologies under study

2- The relative risks adapted from Europe and the United States

3- Calculation of the population attributable fraction for each disease

4- The Argentine population aged 25-35; according to INDEC 2001

5- Data on prevalence of tobacco use from the 1999 SEDRONAR survey

6- Annual incidence of: lung cancer, acute myocardial infarction, and stroke, according to Europe and the United States

7- Prevalence of COPD in accordance with the United States.

The study also looked at costs for other tobacco-related pathologies, care of the passive smoker, and out-of-pocket expenditure.

In 2003-2004, estimated total spending on health care related to tobacco use was over $4.3 million (ARS). This accounted for 15.56% of total health spending in Argentina and far surpasses the 2.5 billion in combined revenues from tobacco taxes for the year under study (2003).

Objectives of GATS

The purpose of GATS is to collect in the population over 15 years information related to tobacco consumption (smoked and smokeless), cessation strategies, exposure secondhand smoke (SHS), economic aspects, knowledge and attitudes about the epidemic and perceptions of control strategies on health warnings and media, complementing other existing surveillance systems of risk factors of noncommunicable diseases.

The objectives of GATS Argentina are to:

· Systematically monitor tobacco use (smoking and smokeless tobacco) and exposure to secondhand smoke among adults in Argentina, and track key tobacco control indicators.

· Monitor implementation of the 2011 National Tobacco Control Law and of the strategies recommended in the MPOWER policy package that are included in the law.

In this way, GATS will become a useful surveillance tool to monitor trends in the tobacco epidemic and the effectiveness of tobacco control interventions in our country.

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Chapter 2

Methodology

Population

GATS Argentina's target population is individuals aged 15 and older residing in private homes in areas with a population of 2,000 or more in the Argentine Republic.

People residing in collective residences such as military barracks, hospitals, convents, nursing homes, and prisons were not included in the survey.

The survey provides estimates for the following geographical regions:

Central: Córdoba, Santa Fe, Buenos Aires, La Pampa, and the Autonomous City of Buenos Aires.

Patagónica: Neuquén, Río Negro, Chubut, Santa Cruz, and Tierra del Fuego.

Cuyo: Mendoza, San Juan, and San Luis.

Litoral: Formosa, Chaco, Misiones, Entre Ríos, and Corrientes.

Noroeste: Jujuy, Salta, La Rioja, Tucumán, Catamarca, and Santiago del Estero.

Sampling design

The sampling design of this survey was probabilistic, stratified and multistage and included the selection of individuals through five stages: agglomerations, areas, dwellings, households and individuals aged 15 years or more.

The first three—agglomeration, area, and housing—were taken from the Urban Master Sample of Housing of the Argentine Republic (MMUVRA), a probabilistic master sample of areas whose domain is all localities with a population of 2,000 or more. A random selection method programmed into the data collection devices was used for the fourth and fifth stages. For the fourth and fifth selection stages a random selection method programmed in the data collection devices was used.

In the first selection stage, the primary units (agglomerations) were divided into two segments: self-representative (probability 1 of belonging to the sample) and non-self-representative. All agglomerations with a population of at least 50,000 were included in the GATS sample.

The total number of primary units included in the MMUVRA is 394 agglomerations. Of this total, 69 agglomerations have a population of at least 50,000 inhabitants and were automatically included in the GATS sample. Another 112 were selected through systematic sampling with probability proportional to population size.

A minimum of 12 secondary units (areas) were selected for each primary unit, for a total of 979 areas. For purposes

of the MMUVRA, areas were stratified based on the percentage of heads of household without schooling or who had not completed primary school. Four strata were defined with percentiles 10, 25 and 75. In the Autonomous City of Buenos Aires, the variable "percentage of heads of household who had completed a university degree" was used for stratification purposes. Areas were selected systematically with probability proportional to the number of residences. The areas were classified geographically prior to selection. For the GATS sample, areas within each region were classified by province, educational level of the head of household, and the number of dwellings, and then selected through systematic sampling.

In the third stage, systematic sampling was used to select 10 housing units in each area.

According to the definition of household[1] used in most surveys of the National Statistics System, a single residence may contain several households. In cases in which more than one household was identified in the residence selected for GATS, one of them was selected using the random method programmed into the data collection device. This was the fourth selection stage.

Finally, the same random method was used to select one individual age 15 or older living in the household for the interview.

Questionnaire

The GATS Argentina survey included: a household questionnaire and an individual questionnaire. Both questionnaires included a set of core questions that are administered in all the countries where the survey is conducted (Appendix 3).

The **household** questionnaire, which collected information on people living in the household, was used to identify individuals eligible for the individual interview. The **individual** questionnaire included the following sections: background characteristics, tobacco use (smoking and smokeless), cessation, secondhand smoke exposure, economics, media, and knowledge, attitudes and perceptions.

In addition, Argentina adapted the household questionnaire to include the descriptive indicators found in the National Statistics System's household surveys as well as questions designed to examine local issues related to smoking and to ensure comparability with related surveys such as the National Survey of Risk Factors.

The GATS Argentina implementation team was responsible for modifying and culturally adapting the questionnaire. This included translations from English into Spanish and then back into English, which were approved by the GATS Questionnaire Review Committee.

Pretest

A pretest was conducted in July 2011, as part of the preparatory work for GATS full study.

The purpose of the pretest was to field test the survey's main components and to make any necessary adjustments for final data collection. The specific objectives were to:

- Test the questionnaire and detect any potential errors of translation, rephrasing, inadequate response categories, or any other problems.

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1. A household is a person or a group of people, related or not, who reside under one roof and share food costs.

- Train key survey staff and test all materials prior to final data collection.

- Test the operational model, including collection and management of electronic data, using PDAs (see below).

A purposive sample was used, in both rural and urban areas. The sample included 10 census areas, defined as groups of residential blocks containing approximately 300 housing units each, located in the City and Province of Buenos Aires.

The pilot's target sample size was 72 completed interviews with respondents age 15 years and older, including an equal proportion of smokers and non-smokers, stratified by residential status (45 interviews in urban areas and 24 in rural areas), gender and age group (15-29, 30-49 and 50 and above). A minimum of two interviews were conducted in urban areas and two in rural areas, in each of these categories.

A total of 119 interviews were completed: 71 in urban areas and 48 in rural areas. Minor translation issues were detected and resolved by modifying the phrasing of the questions. The handheld electronic devices were well-received by field staff.

Data collection

Field staff was deployed to each of the 24 provincial jurisdictions to carry out the survey in conjunction with the Provincial Bureaus of Statistics (DPE) under the jurisdiction of Argentina's National Statistics System.

One or more field supervisors were assigned to each jurisdiction. Each had hierarchical dependence to the Provincial Director of Statistics and functional dependence to the Office of Household Income and Expenses Studies.

A total of 69 field interviewers and 30 field supervisors were recruited nationwide. Each field supervisor was assigned a team of two or three interviewers. In addition to coordinating operations in their jurisdiction, the supervisors were in charge of overseeing the interviewers work and recovering non-response cases. Each interviewer had a weekly workload of 18 selected housing units.

All GATS staff was trained in the City of Buenos Aires from 7 to 10 May 2012. The course included all of the necessary knowledge to carry out the survey: introduction to the tobacco epidemic, general aspects of the survey, interviewing techniques using role-plays, location of the selected housing units, identifying households and their members, use of the handheld computer for interviews, data transfer, supervision, and recovery of non-response cases, among others. Mock interviews were conducted to implement the acquired knowledge.

The field work was carried out over approximately three months, from May to August 2012. Letters of introduction to the survey were mailed to approximately 75% of the selected housing units beforehand to notify them of the interviewer's visit and explain the objectives and importance of their participation. The same letter was delivered by hand to all respondents.

A total of 6,645 individual questionnaires were completed from the total 9,790 selected housing units, with a household response rate of 79.2%, an individual response rate of 93.8%, and a 74.3% overall response rate. The relevant demographic information is provided in Table 2.1.

Electronic data collection

GATS Argentina used handheld computers (PDAs) for data collection. This eliminated the data entry stage and built-in controls ensured consistency during interviews, thereby reducing errors.

The information collected by each interviewer was downloaded and transmitted weekly to the field supervisors, who then compiled the data from all interviewers under their purview, generated progress reports, and forwarded the data to INDEC through Intranet.

Statistical analysis

Data weighting and adjustment after data collection included non-response adjustment and calibration using external data sources. This adjustment was defined as the product of the household-level adjustment and the individual-level adjustment.

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

The household response rate is calculated as the ratio between the weighted number of households for which a complete list of data has been provided, and the weighted number of households in the reference area. Households for which only partial data from the list have been provided are considered as negatives or gaps in the household response rate and are not included in the numerator when calculating household response rate.

The individual response rate is calculated as the ratio between the weighted number of GATS surveys that were partially or totally completed and the weighted number of eligible people sampled selected from the list of all household members. The adjustment for non-response was calculated within each stratum by primary selection unit (cluster).

One of the most common problems in large-scale complex surveys is the introduction of biases during the estimation stage. Others are caused by changes in the sampling frame used for selection, the total or partial lack of data collected from some sampling units, and errors introduced in the data collection stage.

It is therefore common practice to correct or calibrate the weights or expansion factors (the inverse probability of selection) using supplementary information drawn from outside sources.

GATS drew on information from the Annual Urban Household Survey (EAHU): the internal structure of the EAHU sample was applied to the GATS sample for the gender (male-female) and age group (15-24, 25-34, 35-64, 65 and more) variables.

The Huang-Fuller Method[2] was applied for calibration, using the STATA program, and was carried out for each region identified for this survey (Centro, Noroeste, Cuyo, Litoral and Patagónica). Confidence intervals of 95% (CI 95%) were calculated for the key estimates and indicators were reported by sex, age group, income level, educational level, and geographic region. No estimate was reported when the denominator was less than 25 cases (unweighted).

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2. Sample weights and treatment of missing values in the income variables in Permanent Household Survey, Methodology Nº15] INDEC (2010)

Table 2.1. Population surveyed: demographic data

Sociodemographic characteristics	Percentage % (95% CI)		Weighted	Sample
Overall	100.00		27,619,576	6645
Gender				
Male	47.58		13,140,588	2985
	43.3	51.8		
Female	52.42		14,478,988	3660
	48.1	56.6		
Age				
15-24	24.29		6,707,525	1262
	21.6	27.1		
25-34	18.94		5,231,041	1493
	16.5	21.5		
35-49	21.78		6,014,594	1668
	19.3	24.3		
50-64	21.47		5,928,865	1185
	18.1	25.2		
65+	13.53		3,737,551	1037
	10.9	16.5		
Household income level [1]				
$0-3000	43.34		9,255,604	2800
	38.3	48.4		
$3001-$7000	39.81		8,502,412	2119
	35.5	44.2		
$7001+	16.84		3,596,958	811
	13.8	20.3		
Educational level				
Incomplete and complete primary	26.91		7,426,391	1996
	23.1	31.0		
Incomplete secondary	24.44		6,744,870	1473
	20.5	28.8		
Complete secondary	20.05		5,532,971	1378
	17.5	22.8		
Incomplete and complete tertiary or university	28.59		7,887,986	1786
	24.2	33.3		
Region				
Centro	67.05		18,519,085	1049
	62.8	70.9		
Noroeste	10.78		2,976,305	1389
	9.3	12.3		
Litoral	10.80		2,982,307	1323
	9.2	12.5		
Cuyo	6.58		1,816,969	1292
	5.6	7.6		
Patagónica	4.80		1,324,910	1592
	4.0	5.6		

[1] The distribution was calculated among the population that responded the household income. The responses "don't know and "don't answer" are excluded from the total.

Chapter 3

Tobacco use

Introduction

Epidemiological surveillance of tobacco use began in 1999 with the first SEDRONAR survey on cigarette use. This was followed by the 2004 Survey of Tobacco Use in Large Cities, repeated National Surveys on the Prevalence of Psychoactive Substance Use (ENPreCoSP[1]) in 2004, 2008, and 2011, and the National Surveys of Risk Factors 2005[2] and 2009[3]. However, GATS represented the first time that such in-depth data on tobacco use had ever been obtained in Argentina. In addition to data on the prevalence of tobacco use, in 2012 the survey also collected information about other forms of tobacco consumption, smoke-free environments, cessation, the media and knowledge and attitudes (which will be discussed in later chapters).

Methods

The survey's section on tobacco use included questions on frequency of use (daily, occasionally, or never), the type of tobacco used (smoking or smokeless), and the type of smoked tobacco (manufactured cigarettes, hand-rolled cigarettes, pipes, cigars, or water pipes). Other questions included the age of initiation, the time to first cigarette after waking, and whether the person had quit smoking. For the latter, the strategies used for quitting and the contact with health services were included. These aspects will be described in depth in Chapter 5 on Cessation.

Results

A total of 22.3% of respondents reported using tobacco, with a higher prevalence among men (29.6%) than women (15.7%). Of tobacco users, 22.1% were current smokers, with a higher prevalence among men (29.4%) than women (15.6%) (Table 3.1). Patagónica, Noroeste, and Cuyo were the regions with the highest reported prevalence of cigarette use.

Also, among cigarettes smokers, 17.1% reported smoking on a daily basis. The 25-34 age group reported the highest prevalence of smoking (28.2%). No gradient was observed with respect to educational level and income, as use varied among the different categories. Currently, 21.9% of Argentinian adults reported smoking cigarettes; 29% of men and 15.5% of women (Table 3.2). Only 0.2% of the population reported using smokeless tobacco.

Respondents reported smoking a daily average of 12.2 cigarettes; on average, men smoked 13.1 cigarettes and women smoked 10.9 cigarettes daily. The average number of cigarettes smoked was also higher in the 50-64 age group (17.7) and in general, among daily smokers. Average use was higher in the Central (13.9) and Coastal (13.2) regions (Table 3.3).

The average age at which respondents began to smoke daily was 16.2 years and no significant differences were observed based on gender, income level, or educational level (Table 3.4). A total of 13.4% of people who quit smoking had done so in the past year, and this figure was higher for women (19.6%) than for men (8.9%), and was also highest in the Central region (14.8%) (Table 3.5).

With regard to nicotine dependence, 6.9% of respondents reported smoking their first cigarette within 5 minutes of waking up. There was a higher dependence among men than women (7.4% vs. 6.1%), and in people over 65 years of age (10.6%) (Table 3.6).

Discussion

Smoking prevalence declined in the country among men and women when the prevalence of tobacco use is compared to ENFR 2005 and 2009, using the same indicator (prevalence of tobacco use among persons over age 18, who have smoked at least 100 cigarettes in their life and who live in localities with 5,000 or more inhabitants), prevalence in GATS remains lower than in previous estimates (21.4% GATS 2012 – 27.1% ENFR 2009 – 29.7% ENFR 2005).

As for the pattern of use, GATS showed a higher average daily use of cigarettes among daily smokers and a lower initiation age than was observed in ENFR 2009. However, like in the latter study, the majority of smokers were daily smokers.

The survey also provided information on the type of tobacco used. These data confirm that the cigarette smoking poses the greatest risk, although other forms of use in Argentina merit attention. In this sense, it is worth noting that data on the health impact of smokeless tobacco are available for the first time. While this is not a significant problem at present, the data provide a good baseline for monitoring, since this type of use is one of the tobacco industry's objectives in countries that have made progress in population-based tobacco control measures.

Bibliographic references

1. Encuesta de Consumo de Sustancias Psicoactivas 2008. Instituto Nacional de Estadística y Censos. Database available at http://www.indec.mecon.gov.ar/. Visited on 12 March 2013

2. National Survey of Risk Factors 2005. Ministry of Health of the Nation. Buenos Aires, 2007.

3. National Survey of Risk Factors 2009. Ministry of Health of the Nation. Buenos Aires, 2011.

Table 3.1 Percentage of adults ≥ 15 years old, by smoking status and sociodemographic characteristics - GATS Argentina, 2012

| | Tobacco Smokers | | | |
	Current Smokers % (95% CI)	Daily Smokers % (95% CI)	Occasional smokers, formerly daily % (95% CI)	Occasional smokers, never daily % (95% CI)
Overall	22.1	17.1	2.3	2.8
	19.3 25.3	14.6 19.9	1.5 3.3	2.0 3.8
Gender				
Male	29.4	21.9	3.7	3.8
	24.7 34.4	17.6 26.9	2.2 6.1	2.3 6.2
Female	15.6	12.7	1.0	1.9
	12.7 19.0	10.0 16.2	0.6 1.5	1.3 2.6
Age				
15-24	20.7	14.1	2.0	4.6
	15.8 26.7	10.0 19.4	1.1 3.8	3.0 6.9
25-34	28.2	20.4	2.6	5.1
	20.7 37.1	15.5 26.4	1.9 3.7	2.4 10.7
35-49	24.4	19.3	3.9	1.2
	18.2 31.9	13.2 27.4	1.5 9.3	0.9 1.8
50-64	24.6	22.1	0.9	1.5
	17.6 33.2	15.3 30.8	0.2 3.6	0.7 3.4
65+	8.7	6.4	1.6	0.8
	5.7 13.0	4.1 9.7	0.5 4.5	0.3 2.1
Household Income level				
$0-3000	19.4	14.1	2.2	3.1
	16.1 23.1	11.3 17.4	1.4 3.4	2.2 4.3
$3001-$7000	22.2	17.6	2.2	2.3
	17.7 27.3	13.3 23.0	1.5 3.2	1.6 3.4
$7001+	22.7	15.6	1.9	5.2
	14.5 33.7	9.6 24.3	0.6 5.9	1.5 16.6
Educational Level				
Incomplete and complete primary	20.3	13.4	3.4	3.6
	14.7 27.5	10.3 17.2	1.4 8.2	1.5 8.1
Incomplete secondary	23.7	18.5	2.5	2.7
	18.0 30.5	13.1 25.5	1.7 3.7	1.6 4.4
Complete secondary	22.7	19.0	2.1	1.5
	16.5 30.3	13.2 26.6	1.0 4.5	1.0 2.3
Incomplete and complete tertiary or university	22.0	18.0	1.0	3.0
	18.2 26.4	14.5 22.2	0.7 1.4	1.8 5.0
Region				
Centro	20.9	17.3	1.8	1.8
	16.8 25.6	13.8 21.5	0.9 3.6	0.9 3.7
Noroeste	26.0	13.5	4.4	8.1
	23.4 28.7	11.1 16.4	3.1 6.0	6.4 10.2
Litoral	22.1	17.0	2.0	3.1
	18.8 25.9	13.9 20.5	1.2 3.5	2.1 4.6
Cuyo	25.2	19.3	2.7	3.2
	21.8 28.9	16.5 22.3	1.7 4.3	2.0 5.1
Patagónica	26.3	19.6	3.4	3.3
	22.8 30.1	16.5 23.1	2.3 4.9	2.2 4.9

Table 3.1 (cont.)

	Former tobacco smokers		Never Smokers	
	Former Daily Smokers	**Former Occasional Smokers**		
	% (95% CI)	% (95% CI)	% (95% CI)	
Overall	12.6	9.6	55.6	
	10.3 15.3	7.4 12.4	51.7 59.5	
Gender				
Male	15.4	11.7	43.6	
	12.2 19.2	8.2 16.4	37.6 49.7	
Female	10.1	7.7	66.6	
	7.7 13.2	5.3 11.1	61.5 71.3	
Age				
15-24	2.8	9.9	66.6	
	1.2 6.6	5.8 16.3	59.8 72.8	
25-34	9.3	6.1	56.4	
	6.1 14.1	4.2 8.8	47.5 64.8	
35-49	14.3	9.9	51.4	
	10.3 19.6	6.9 14.0	44.3 58.5	
50-64	21.9	13.4	40.1	
	16.5 28.5	7.6 22.5	29.9 51.3	
65+	17.2	7.7	66.4	
	11.1 25.6	4.6 12.9	56.6 75.0	
Household Income level				
$0-3000	8.6	8.8	63.2	
	6.3 11.6	5.9 13.0	57.1 69.0	
$3001-$7000	15.4	7.7	54.7	
	11.3 20.7	5.1 11.5	48.2 61.1	
$7001+	18.5	11.8	47.0	
	12.3 26.8	6.8 19.7	38.4 55.8	
Educational Level				
Incomplete and complete primary	14.1	10.6	54.9	
	9.5 20.4	6.4 17.1	46.3 63.2	
Incomplete secondary	8.7	6.5	61.1	
	5.6 13.3	4.1 10.4	53.9 67.8	
Complete secondary	8.6	9.1	59.7	
	5.3 13.6	4.5 17.6	49.8 68.8	
Incomplete and complete tertiary or university	17.4	11.7	48.8	
	13.4 22.4	8.2 16.5	43.7 54.0	
Region				
Centro	13.9	9.3	56.0	
	10.5 18.1	6.2 13.6	50.1 61.6	
Noroeste	7.3	14.0	52.8	
	5.1 10.3	11.7 16.6	48.6 56.8	
Litoral	10.7	8.2	59.0	
	8.5 13.2	6.2 10.8	54.8 62.9	
Cuyo	11.7	7.9	55.2	
	9.2 14.8	6.0 10.4	50.2 60.1	
Patagónica	12.4	10.5	50.8	
	10.1 15.1	8.3 13.2	46.9 54.7	

Table 3.2. Percentage of tobacco product consumption by sociodemographic characteristics. Current smokers ≥ 15 years old - GATS Argentina, 2012

	Cigarettes[1] % (95% CI)		Others smoked tobacco products[2] % (95% CI)	
Overall	21.9		0.4	
	19.1	25.1	0.2	0.8
Gender				
Male	29.0		0.6	
	24.4	34.1	0.2	1.4
Female	15.5		0.2	
	12.6	19.0	0.1	0.7
Age				
15-24	20.5		0.5	
	15.6	26.5	0.2	1.8
25-34	28.2		0.2	
	20.7	37.1	0.1	0.4
35-49	24.3		0.2	
	18.1	31.8	0.1	0.5
50-64	24.0		0.6	
	17.2	32.6	0.1	3.4
65+	8.6		0.3	
	5.6	12.9	0.1	1.3
Household Income Level				
$0-3000	19.3		0.2	
	16.0	23.1	0.1	0.3
$3001-$7000	22.0		0.5	
	17.5	27.2	0.2	1.4
$7001+	21.7		1.3	
	13.7	32.7	0.3	5.0
Educational Level				
Incomplete and complete primary	20.3		0.2	
	14.6	27.4	0.0	0.7
Incomplete secondary	23.7		0.1	
	18.0	30.5	0.0	0.3
Complete secondary	22.7		0.2	
	16.5	30.3	0.1	0.4
Incomplete and complete tertiary or university	21.4		1.0	
	17.6	25.6	0.4	2.7
Region				
Centro	20.7		0.4	
	16.6	25.4	0.1	1.1
Noroeste	26.0		0.2	
	23.4	28.7	0.1	0.6
Litoral	21.9		0.5	
	18.6	25.6	0.2	1.1
Cuyo	25.2		0.5	
	21.8	28.9	0.2	1.3
Patagónica	26.1		0.6	
	22.7	29.9	0.3	1.1

[1] Includes manufactured and hand-rolled cigarettes

[2] Includes pipes full of tobacco, cigars, water pipe sessions, and any other smoked tobacco product.

Table 3.3 - Average number of cigarettes smoked per day among current and daily cigarette smokers ≥ 15 years old by sociodemographic characteristics. GATS Argentina 2012

	Current Cigarette Smokers (95% CI)		Daily Cigarette Smokers (95% CI)	
Overall		12.25		15.18
	10.8	13.7	13.7	16.6
Gender				
Male		13.1		16.6
	10.7	15.5	14.8	18.4
Female		10.9		13.0
	9.3	12.4	11.4	14.6
Age				
15-24		8.5		11.6
	7.0	10.0	9.9	13.2
25-34		10.5		13.6
	9.0	12.0	11.2	15.9
35-49		12.8		15.6
	9.0	16.5	12.3	19.0
50-64		17.7		19.1
	15.5	19.9	17.1	21.1
65+		9.8		12.8
	6.3	13.4	9.0	16.7
Household Income level				
$0-3000		10.2		13.4
	8.8	11.6	11.9	14.8
$3001-$7000		12.6		15.1
	9.8	15.4	12.4	17.9
$7001+		13.6		18.3
	9.2	17.9	16.6	20.1
Educational Level				
Incomplete and complete primary		10.5		15.1
	6.8	14.2	12.3	18.0
Incomplete secondary		12.7		15.4
	9.3	16.1	12.2	18.7
Complete secondary		13.2		15.4
	11.2	15.2	13.7	17.2
Incomplete and complete tertiary or university		12.7		14.8
	11.2	14.3	13.1	16.6
Region				
Centro		13.9		16.2
	11.7	16.0	14.2	18.1
Noroeste		6.3		11.0
	5.2	7.4	9.4	12.6
Litoral		13.2		16.3
	11.3	15.1	14.1	18.6
Cuyo		9.0		11.3
	8.1	10.0	9.9	12.7
Patagónica		9.8		12.5
	8.7	11.0	11.1	13.9

Table 3.4 - Age of initiation of daily tobacco use by sociodemographic characteristics. Current daily smokers 15 to 34 years old - GATS Argentina, 2012.

	Average (95% CI)		Median	Standard Deviation
Overall	16.1		16	2.80
	15.5	16.7		
Gender				
Male	16.3		16	2.53
	15.7	16.8		
Female	15.8		15	3.14
	14.8	16.9		
Age				
15-24	15.3		15	1.85
	14.9	15.8		
25-34	16.8		17	3.29
	15.5	18.0		
Household Income Level				
$0-3000	16.1		16	2.76
	15.6	16.7		
$3001-$7000	16.4		16	3.37
	15.6	17.2		
$7001+	16.9		17	2.82
	15.7	18.1		
Educational Level				
Incomplete and complete primary	16.1		16	3.29
	14.9	17.2		
Incomplete secondary	15.2		15	2.84
	14.1	16.3		
Complete secondary	16.6		17	2.38
	15.6	17.7		
Incomplete and complete tertiary or university	16.7		17	2.54
	15.9	17.5		
Region				
Centro	15.9		16	2.58
	15.0	16.8		
Noroeste	16.9		17	3.27
	15.8	17.9		
Litoral	16.0		16	2.82
	15.4	16.7		
Cuyo	16.5		16	3.04
	15.8	17.3		
Patagónica	16.3		16	3.90
	15.1	17.4		

Table 3.5 - Time since quitting smoking by sociodemographic characteristics. Former daily smokers ≥ 15 years old. GATS Argentina, 2012

	Less than 1 year % (95% CI)	1 to 4 years % (95% CI)	5 to 10 years % (95% CI)	1- + years % (95% CI)	Total %
Overall	13.4	16.9	16.0	53.7	100
	7.8 22.0	12.1 22.9	10.5 23.7	44.0 63.2	
Gender					
Male	8.9	16.2	19.1	55.8	100
	3.1 22.9	9.7 25.9	10.4 32.4	42.7 68.1	
Female	19.6	17.7	11.8	50.9	100
	11.1 32.2	11.2 27.0	7.4 18.1	39.5 62.2	
Age					
15-24	59.7	31.9	8.4	0.0	100
	25.1 86.7	10.7 64.6	1.9 30.1	- -	
25-34	29.5	31.0	19.7	19.8	100
	15.6 48.6	17.8 48.2	10.5 34.0	6.0 48.9	
35-49	7.0	20.0	19.8	53.2	100
	3.4 13.6	9.3 37.6	11.5 32.1	36.9 68.9	
50-64	3.8	10.8	18.0	67.4	100
	1.4 9.8	4.5 23.8	6.9 39.2	49.0 81.7	
65+	15.5	9.7	6.3	68.4	100
	2.6 55.6	2.1 34.9	2.5 15.0	41.9 86.7	
Household Income Level					
$0-3000	10.9	22.0	15.8	51.3	100
	6.3 18.2	11.7 37.4	9.3 25.7	37.8 64.6	
$3001-$7000	22.7	18.3	8.9	50.2	100
	10.7 41.7	10.3 30.2	5.5 14.1	36.6 63.8	
$7001+	8.8	7.2	19.0	65.1	100
	2.9 23.9	2.9 16.6	8.8 36.3	43.1 82.1	
Educational Level					
Incomplete and complete primary	11.4	9.8	8.8	70.0	100
	3.5 31.1	3.8 23.2	4.7 16.1	47.0 86.0	
Incomplete secondary	10.0	20.0	13.5	56.4	100
	4.5 21.0	10.2 35.5	7.0 24.5	36.3 74.6	
Complete secondary	29.0	15.9	19.2	35.9	100
	9.1 62.4	6.9 32.5	10.0 33.8	20.1 55.5	
Incomplete and complete tertiary or university	11.0	21.2	21.5	46.3	100
	5.8 19.6	13.1 32.5	10.5 38.8	30.7 62.7	
Region					
Centro	14.8	16.1	16.6	52.5	100
	7.7 26.6	10.1 24.5	9.6 27.3	39.6 65.1	
Noroeste	9.3	24.5	8.6	57.6	100
	4.0 19.9	16.9 34.1	4.5 16.0	46.2 68.2	
Litoral	8.7	16.2	16.1	59.1	100
	4.5 16.1	10.1 24.8	9.5 25.9	47.8 69.5	
Cuyo	10.3	21.6	14.5	53.6	100
	4.7 20.8	13.3 33.1	7.3 26.6	42.5 64.4	
Patagónica	9.9	14.3	17.9	58.0	100
	5.5 17.0	9.4 21.1	11.8 26.2	48.9 66.5	

3.6. Percentage distribution of smokers ≥ 15 years old, by time to first smoke cigarette upon waking by sociodemographic characteristics. GATS Argentina, 2012.

	Time to first smoke cigarette				
	Within 5 minutes % (95% CI)	6 to 30 minutes % (95% CI)	31 to 60 minutes % (95% CI)	60 + minutes % (95% CI)	Total %
Overall	6.9	21.6	14.0	57.4	100
	4.8 9.8	14.7 30.7	10.2 19.0	47.7 66.7	
Gender					
Male	7.4	18.7	12.0	61.9	100
	4.6 11.8	11.7 28.4	7.8 18.1	48.7 73.5	
Female	6.1	26.2	17.1	50.5	100
	3.2 11.5	14.3 43.2	10.8 26.1	39.0 62.0	
Age					
15-24	5.3	24.5	17.5	52.7	100
	2.1 13.1	13.8 39.8	8.1 33.7	37.1 67.7	
25-34	5.7	24.2	14.4	55.7	100
	3.2 10.0	9.0 50.5	6.9 27.8	37.4 72.5	
35-49	9.1	16.6	13.3	61.0	100
	4.3 18.1	7.6 32.7	7.4 22.9	44.5 75.3	
50-64	6.4	19.9	11.3	62.4	100
	2.7 14.2	10.0 35.5	6.4 19.1	42.7 78.8	
65+	10.6	33.0	17.1	39.4	100
	3.6 27.3	17.6 53.1	8.6 31.1	23.7 57.7	
Household Income Level					
$0-3000	8.1	28.9	14.5	48.6	100
	5.4 11.8	20.1 39.6	10.3 20.0	38.8 58.5	
$3001-$7000	9.3	15.8	12.6	62.4	100
	5.1 16.2	9.7 24.6	6.6 22.7	47.6 75.2	
$7001+	3.5	11.8	25.2	59.4	100
	1.6 7.7	5.8 22.7	14.2 40.7	40.5 75.9	
Educational Level					
Incomplete and complete primary	8.8	19.3	13.3	58.6	100
	5.0 14.9	12.1 29.4	8.1 20.9	46.2 70.0	
Incomplete secondary	6.6	27.7	10.6	55.1	100
	3.2 12.9	12.1 51.6	5.1 20.6	34.5 74.1	
Complete secondary	6.5	23.9	14.9	54.8	100
	2.9 13.7	12.7 40.3	6.5 30.3	37.4 71.1	
Incomplete and complete tertiary or university	6.2	16.4	17.0	60.4	100
	2.7 13.7	8.3 29.8	10.9 25.5	47.1 72.3	
Region					
Centro	5.4	22.0	13.1	59.6	100
	2.9 9.8	12.5 35.7	8.1 20.6	45.4 72.3	
Noroeste	5.9	22.8	12.5	58.8	100
	3.2 10.9	15.3 32.6	7.1 21.1	46.9 69.8	
Litoral	13.6	20.4	23.5	42.5	100
	8.2 21.8	14.5 27.9	16.2 32.8	35.1 50.2	
Cuyo	10.8	23.1	11.6	54.6	100
	6.9 16.4	15.6 32.8	7.5 17.6	45.5 63.4	
Patagónica	9.1	16.3	12.4	62.1	100
	6.1 13.4	11.1 23.5	8.4 17.8	53.1 70.4	

Chapter 4

Cessation

Introduction

There is ample evidence of the positive effects of quitting for health in both the short and long term. The risk of cardiovascular disease and stroke is reduced by 50% one year after quitting, while lung cancer diagnoses decline 30%-50% ten years after cessation. Fifteen years after quitting smoking, the risk of heart disease and lung cancer is the same as that of a person who has never smoked tobacco[1,2].

While many different cessation methods have proven effective in quitting tobacco use[3], unassisted smoking cessation is the most common strategy[4].

According to data from the Second National Survey of Risk Factors carried out in Argentina in 2009, 43.5% of smokers aged 18 and older had made a quit attempt in the previous year and 84.4% planned to do so in the future. GATS Argentina, carried out in 2012, not only revealed trends in the cessation indicators, it also contributed to an unprecedented level of understanding of this issue in the country.

The purpose of this chapter was to analyze the proportion of current smokers who made an attempt to quit smoking in the past 12 months, and its projection or not to do it in the next 12 months. It also assessed the role of health services in quitting advice and which are the main methods used to quit smoking.

Methodology

This section of the survey included questions about the length of time respondents had refrained from smoking, the methods used to quit among who had quit last year, whether any health care provider had advised them to quit smoking, and their interest in quitting in the next 12 months.

Cessation indicator was built on current tobacco smokers who made an attempt to quit smoking in the past 12 months and those who had quit for less than 12 months. The variables in this section were analyzed for this population.

Results

A total of 48.6% of smokers and former smokers had made a quit attempt in the previous 12 months. The highest levels of quit attempts were observed in the age group of 65 years and older (59.9%) (Table 4.1).

51.5% of those who had made a quit attempt in the past year had quit for 1 to 3 months and 27.9% had quit for 11 months. A clear difference was observed between men and women: while 61.5% of men had quit smoking for 1 to 3 months, 44.8% of women had quit for 11 months.

Overall, 89.9% of smokers and former smokers who reported that they had made a quit attempt in the past 12 months, had done so without assistance. The rate of use of other cessation aids was very low. While trying to quit

without assistance was the main method used across sociodemographic characteristics, pharmacotherapy was the second most common method used (4.1%) (Table 4.2). In turn, a greater relative proportion of women that used other methods such as professional advice or alternative treatments were observed (Tables 4.2 and 4.3).

Of the respondents who had consulted with a health care provider in the past 12 months, 80.1% had been asked whether they smoked tobacco, but only 60.5% had been advised to quit smoking. This indicates a gap between health care professionals identifying smokers and actually counseling them to quit smoking (Table 4.4).

When asked about their interest in quitting smoking, 48.9% of respondents reported that they would quit someday, but not in the next 12 months, while 21.7% were not interested in quitting. Another 14.6% were thinking about quitting in the next 12 months, and 10.1% planned to do so in the following month (Table 4.5)

Discussion

Respondents who had made an attempt to quit tobacco use in the past 12 months were mainly among current smokers and former smokers in the lower and higher age ranges, and in higher income brackets. Women had managed to stop smoking for the longest periods of time.

Promoting tobacco cessation is one of the objectives of the Ministry of Health's National Tobacco Control Program. The Program's lines of intervention focus on cessation. Specifically, it aims to raise awareness and encourage the public to stop using tobacco; establishes routine tobacco control practices in medical treatment and regulate services that provide health care. Key efforts to promote smoking cessation include the development of a National Guide to Tobacco Addiction Treatment for health care providers; the establishment of 0800 hotlines for citizens who want to quit smoking or obtain information on the topic; and inclusion of medications to quit smoking on the list of essential medications at the primary care level, among others.

A comparison of GATS Argentina data with data collected through the 2005 and 2009 National Surveys of Risk Factors and the 2012, GATS showed no significant changes in the number of quit attempts over the years. Moreover, as international evidence shows, the vast majority of those who made the attempt did so without assistance.

It is necessary to create incentives for cessation using new technologies such as "eHealth," which promotes cessation, for example, through text messages[5]; strengthen existing interventions to assist those who are attempting to quit; convert 0800 hotlines to a case follow-up system; create more 100% smoke-free environments to encourage quitting; and develop policies to ensure that health care services provide a full range of services to aid in and promote cessation at the primary care level. There is also evidence of the success of increasing tobacco taxes. This discourages consumption and the initiation of tobacco addiction especially among youth and lower income strata.

Despite the available cessation services, most quit attempts were made without support from the health care system, which means that the prevalence of quit attempts and ex-smokers may be a more sensitive way of gauging impact than monitoring the prevalence of tobacco use. Other tobacco control measures also encourage cessation, such as 100% smoke-free environments, banning the advertising promotion and sponsorship of tobacco products, and health warnings aligned with the guidelines set out in the WHO FCTC. All of these measures are included in the current national law.

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Table 4.1 - Percentage of smokers ≥15 years old who attempted to quit smoking tobacco during the past 12 months by selected sociodemographic characteristics.

	% (95% CI)		
Overall		48.6	
	41.4		55.8
Gender			
Male		47.9	
	38.9		57.0
Female		49.6	
	41.3		58.0
Age			
15-24		51.4	
	40.7		62.0
25-34		57.8	
	42.2		72.0
35-49		38.4	
	25.2		53.6
50-64		42.8	
	31.4		55.0
65+		59.9	
	37.5		78.8
Household Income Level			
$0-3000		49.7	
	42.9		56.5
$3001-$7000		45.7	
	35.2		56.6
$7001+		55.0	
	37.1		71.7
Educational Level			
Incomplete and complete primary		54.9	
	39.6		69.3
Incomplete secondary		50.0	
	34.9		65.1
Complete secondary		47.4	
	34.4		60.8
Incomplete and complete tertiary and university		42.8	
	33.6		52.6
Region			
Centro		48.4	
	37.6		59.3
Noroeste		53.0	
	46.2		59.6
Litoral		44.7	
	36.9		52.8
Cuyo		53.3	
	46.2		60.3
Patagónica		42.3	
	35.8		49.1

Note: Current smokers and ex-smokers who quit smoking less than 1 year ago.

Table 4.2 - Percentage of smokers ≥ 15 years old who attempted to quit smoking in the past 12 months, by cessation methods used and sociodemographic characteristics

	Quit without assistance % (95% CI)		Counselling/Advice % (95% CI)		Other Methods % (95% CI)		Pharmacotherapy % (95% CI)	
Overall	89.9		2.5		2.9		4.1	
	82.3	94.5	1.1	5.7	1.0	8.4	1.8	9.0
Gender								
Male	90.6		0.9		1.4		2.2	
	75.8	96.7	0.3	2.2	0.6	3.0	1.3	3.8
Female	88.9		5.1		5.2		7.1	
	77.1	95.1	1.9	13.0	1.2	20.3	2.3	19.8
Age								
15-24	95.5		0.0		0.5		1.3	
	92.6	97.3	-	-	0.1	1.8	0.6	3.2
25-34	84.6		0.9		1.0		1.8	
	62.4	94.8	0.2	4.3	0.2	4.2	0.7	4.9
35-49	93.9		1.7		0.5		5.5	
	86.8	97.3	0.6	5.1	0.1	3.7	2.3	12.4
50-64	84.9		9.3		11.0		10.9	
	62.6	95.0	3.2	24.3	2.7	35.5	2.7	35.5
65+	96.1		1.2		2.5		1.2	
	87.0	98.9	0.2	8.6	0.6	9.8	0.2	8.3
Household Income Level								
$0-3000	87.5		3.2		6.4		8.3	
	73.4	94.7	0.7	12.7	1.3	26.6	2.3	25.4
$3001-$7000	94.2		2.3		2.9		3.6	
	90.6	96.5	0.9	6.0	1.2	7.0	1.8	7.2
$7001+	71.1		5.8		0.0		2.3	
	29.6	93.5	1.2	24.0	0.0	0.2	0.8	6.2
Educational Level								
Incomplete and complete primary	85.5		0.3		1.5		1.3	
	58.2	96.1	0.1	1.2	0.5	4.7	0.5	3.5
Incomplete secondary	93.9		1.4		1.2		2.5	
	88.8	96.7	0.2	7.3	0.2	7.8	0.9	7.1
Complete secondary	87.5		0.8		7.9		11.0	
	64.3	96.4	0.2	2.9	1.2	38.0	2.7	35.7
Incomplete and complete tertiary and university	93.1		7.5		2.3		3.5	
	84.8	97.0	2.8	18.7	0.9	5.5	1.8	6.6
Region								
Centro	88.9		3.0		3.5		3.9	
	76.6	95.1	1.0	8.6	0.8	13.6	1.0	13.4
Noroeste	92.6		1.6		1.1		3.4	
	84.6	96.6	0.4	6.7	0.3	4.6	1.5	7.6
Litoral	95.2		0.7		1.6		3.6	
	91.0	97.5	0.1	4.8	0.4	6.9	1.3	9.7
Cuyo	86.8		2.1		4.1		5.2	
	77.0	92.8	0.6	6.5	1.3	12.3	2.6	10.2
Patagónica	91.3		3.6		1.2		9.0	
	85.9	94.8	1.6	7.6	0.4	3.3	5.3	14.9

Note: Current smokers and ex-smokers who quit smoking less than 1 year ago.

Table 4.3 - Percentage of smokers ≥ 15 years old who attempted to quit smoking in the past 12 months by cessation methods used and sociodemographic characteristics. GATS Argentina, 2012

	Counseling in a specialized service in quitting smoking % (95% CI)		Nicotine replacement therapy such as patch or gum % (95% CI)		Others medications to quit smoking % (95% CI)		Alternative treatments % (95% CI)	
Overall	2.5		2.0		2.9		2.2	
	1.1	5.7	1.2	3.4	0.9	8.5	0.6	8.7
Gender								
Male	0.9		1.9		0.9		0.3	
	0.3	2.2	1.0	3.4	0.3	2.2	0.1	1.0
Female	5.1		2.3		5.9		5.2	
	1.9	13.0	1.0	5.1	1.5	20.0	1.2	20.3

Table 4.3 (cont.)

	A quit line or a smoking telephone support line % (95% CI)		Replace smoking with smokeless tobacco % (95% CI)		Quit without assistance % (95% CI)		Other option % (95% CI)	
Overall	0.3		0.3		89.9		0.3	
	0.0	2.1	0.1	1.2	82.3	94.5	0.1	1.2
Gender								
Male	0.0		0.5		90.6		0.5	
	-	-	0.1	2.0	75.8	96.7	0.1	1.9
Female	0.8		0.0		88.9		0.0	
	0.1	5.3	-	-	77.1	95.1	0.0	0.2

Note: Current smokers and ex-smokers who quit smoking less than 1 year ago.

Table 4.4 - Percentage of current smokers ≥ 15 years old by interest in quitting smoking and sociodemographic characteristics. GATS Argentina, 2012

	Planning to quit within the next month % (95% CI)		Thinking about quitting within next 12 months % (95% CI)		Will quit someday, but not in the 12 next months %		Not interested in quitting % (95% CI)		Don't Know % (95% CI)	
Overall	10.1		14.6		48.9		21.7		4.7	
	5.1	18.8	10.5	19.9	42.4	55.6	16.7	27.8	3.0	7.2
Gender										
Male	12.3		15.3		47.2		21.5		3.6	
	5.0	27.6	10.2	22.5	36.7	58.0	15.2	29.5	2.0	6.2
Female	6.1		13.3		51.8		22.1		6.6	
	3.4	10.7	8.6	20.1	42.6	61.0	15.8	30.2	3.7	11.6
Age										
15-24	7.7		12.2		49.8		26.6		3.7	
	3.7	15.5	6.1	22.8	38.9	60.8	17.2	38.7	1.4	9.3
25-34	12.6		9.2		57.4		19.0		1.9	
	4.9	28.7	5.7	14.6	49.2	65.1	11.2	30.3	0.8	4.4
35-49	13.1		14.1		48.8		18.1		5.9	
	4.2	34.3	6.7	27.3	32.7	65.1	10.9	28.7	2.4	13.9
50-64	5.3		20.0		43.8		24.0		7.0	
	2.2	12.3	12.2	31.1	30.6	57.8	15.0	36.1	2.9	15.6
65+	16.6		27.1		30.8		19.8		5.7	
	7.1	34.1	12.4	49.4	18.1	47.3	11.2	32.4	1.7	17.7
Household Income Level										
$0-3000	9.4		15.3		47.3		24.8		3.2	
	5.7	15.2	10.7	21.5	39.7	54.9	17.7	33.5	1.9	5.6
$3001-$7000	6.0		15.2		57.5		18.4		3.0	
	3.7	9.6	9.6	23.1	43.1	70.7	11.3	28.4	1.5	5.8
$7001+	23.7		12.6		39.6		23.0		1.2	
	7.9	53.0	5.4	26.5	21.1	61.5	13.5	36.5	0.3	4.1
Educational Level										
Incomplete and complete primary	21.8		10.4		34.6		27.6		5.6	
	6.5	52.9	5.8	18.0	22.7	48.8	15.4	44.5	2.4	12.3
Incomplete secondary	7.3		13.8		57.5		18.1		3.3	
	3.7	13.9	7.2	24.8	42.6	71.2	10.8	28.8	1.7	6.2
Complete secondary	3.4		16.4		55.7		19.3		5.1	
	1.5	7.7	9.3	27.2	41.1	69.5	11.3	31.2	2.3	10.5
Incomplete and complete tertiary and	7.2		17.5		48.9		21.5		4.8	
	3.9	13.0	9.6	29.8	38.1	59.8	14.7	30.4	1.9	11.5
Region										
Centro	10.4		14.4		48.6		21.6		5.0	
	3.7	25.8	8.6	23.2	38.5	58.7	14.2	31.4	2.7	9.3
Noroeste	12.0		16.2		48.1		19.0		4.6	
	7.7	18.2	12.0	21.6	41.4	55.0	13.9	25.5	2.8	7.6
Litoral	7.1		13.3		53.8		23.6		2.3	
	4.1	12.0	8.8	19.6	45.2	62.1	17.6	30.8	1.1	4.8
Cuyo	11.0		15.6		47.5		21.0		5.0	
	7.1	16.5	11.2	21.3	40.0	55.1	15.8	27.3	2.4	10.1
Patagónica	6.5		13.9		47.7		26.5		5.4	
	4.2	10.1	10.2	18.8	41.1	54.4	20.4	33.7	2.7	10.3

Table 4.5 - Percentage of smokers ≥ 15 years old who visited a doctor or other health care provider in the past 12 months and were asked if they smoke tobacco and that were advised to quit smoking by sociodemographic characteristics. GATS Argentina 2012.

	Asked if smokes tobacco % (95% CI)		Advised to quit smoking tobacco % (95% CI)	
Overall	80.1		60.5	
	73.7	85.3	50.5	69.7
Gender				
Male	82.2		60.7	
	72.5	89.1	44.0	75.2
Female	77.3		60.4	
	67.7	84.7	50.2	69.7
Age				
15-24	77.2		41.0	
	58.9	88.8	27.5	56.0
25-34	75.9		55.0	
	62.4	85.7	41.2	68.0
35-49	77.2		71.4	
	55.7	90.1	47.8	87.2
50-64	85.6		67.1	
	76.0	91.8	44.1	84.0
65+	84.3		69.2	
	65.1	93.9	43.0	87.0
Household Income Level				
$0-3000	86.1		61.3	
	78.1	91.4	48.6	72.6
$3001-$7000	79.8		66.0	
	64.5	89.5	51.1	78.2
$7001+	81.1		68.8	
	64.5	91.0	49.3	83.3
Educational Level				
Incomplete and complete primary	78.9		64.3	
	63.6	88.8	46.5	78.9
Incomplete secondary	81.7		61.5	
	57.1	93.7	36.3	81.8
Complete secondary	83.4		77.2	
	62.4	93.9	57.7	89.3
Incomplete and complete tertiary and university	77.9		48.5	
	67.5	85.7	34.2	63.0
Region				
Centro	83.5		62.3	
	74.3	89.9	48.5	74.4
Noroeste	61.3		48.1	
	50.7	70.9	38.7	57.6
Litoral	65.5		45.7	
	47.9	79.7	30.4	62.0
Cuyo	77.5		65.2	
	66.6	85.6	54.1	74.8
Patagónica	84.2		64.9	
	76.9	89.5	53.6	74.7

Note: Current smokers and ex-smokers who quit smoking less than 1 year ago.

Chapter 5

Exposure to secondhand smoke

Introduction

Secondhand smoke (SHS) is the combination of smoke produced by the cigarette and exhaled by the smoker. It contains over 4,000 toxins, including more than 250 chemicals known to be toxic or carcinogenic. Exposure to secondhand smoke is harmful to health; there are no safe exposure levels. As a main cause of cardiovascular disease and cancer in adults, it is also responsible for other illnesses in infants and children including sudden infant death syndrome, asthma and respiratory infections.[1]

Prior to GATS Argentina, some data on SHS exposure were available, but did not include standardized indicators for different domains of exposure and for evaluating the effectiveness of smoke-free environments.

Methods

The survey included questions on exposure to SHS in any location, rules regarding smoking inside the home, whether people smoked in bedrooms, and how frequently people smoked inside the home. Other questions focused on exposure to SHS in the workplace (for those who worked outside the home) and exposure in the following places (among those who had visited any of these locations in the 30 days prior to the interview): government buildings or offices, health care centers, restaurants, night clubs, public transportation, universities, and schools.

Results

A high percentage (46.8%) of the population reported having been exposed to SHS, and this percentage was higher among men than women, though not significant (53.5% versus 41.7%). Greater exposure to SHS was observed among younger age groups (67.2% among the population aged 15 to 24 years) and among those in higher income brackets, while no difference among educational levels was observed. Lower levels of exposure (26.8%) were observed in the Patagonia region (Table 5.1).

A total of 31.6% of people working in enclosed areas reported having been exposed to SHS in the workplace (38.5% of men, 24.1% of women). A high exposure rate was observed among those in higher income brackets, while no difference among educational levels was observed (Table 5.2).

A total of 33% of respondents (34.1% of men, 31.9% of women), reported exposure to SHS in the home. No differences were found between exposure in the home for age, income, or educational level (Table 5.2).

Exposure to SHS was highest in night clubs (86.2%), followed by universities (40.9%), government buildings (24.5%), restaurants (23.2%), and educational establishments (23.1%). Exposure in health facilities was 8.8% (Table 5.3). In all cases, non-smokers reported higher levels of exposure to SHS relative to that experienced by adults overall (Table 5.4).

The majority of the respondents reported that they were aware of the risks of breathing SHS; 92.6% of those interviewed said they knew that exposure to SHS causes serious illness among non-smokers. The level of awareness of the risks of exposure to SHS was very high among those in all income brackets and education levels, with a greater awareness among non-smokers than smokers (Table 5.5).

Discussion

In Argentina, despite the (mainly provincial) regulatory framework for smoke-free environments, a large percentage of the population is exposed to SHS. High levels of exposure to SHS were also observed both in the workplace and in the home. While higher exposure was detected when compared with previous national surveys, it should be taken with caution given that these indicators definitions have slight differences.

The high level of exposure to SHS in places where smoking is prohibited by law suggests a need to strengthen enforcement measures. A study by the Ministry of Health of the Nation showed that compliance was better in areas where 100% smoke-free laws were in force relative to those for which the law did not mandate a 100% smoke-free environment.[2]

Although exposure in the home falls outside the regulatory framework, it could be reduced through large-scale education and communication initiatives which, together with other policies to reduce exposure in public places, could help reduce exposure in homes, especially for children and infants.

In conclusion, despite the advances in regulation as well as the gradual reduction of exposure observed in other studies, it remains necessary to strengthen enforcement and, to the extent possible, improve many existing regulations to prevent exceptions and achieve 100% smoke-free environments.

Bibliographic references

1. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General, U.S. Department of Health and Human Services, 2007

2. Monitoreo del cumplimiento de la legislación sobre ambientes libres de humo en 15 ciudades de Argentina. Boletín N°4 de vigilancia de ENT. Ministry of Health of the Nation. Buenos Aires, 2011

Table 5.2 - Percentage of adults ≥ 15 years old who were exposed to smoke at home and percentage of adults 15 years of age or older who work indoors and were exposed to smoke at work, by smoking status and sociodemographic characteristics. GATS Argentina, 2012

	Exposed at home		Exposed at work	
	Overall % (95% CI)	Non Smokers % (95% CI)	Overall % (95% CI)	Non Smokers % (95% CI)
Overall	33.0	26.6	31.6	30.0
	29.1 37.0	22.7 30.9	26.1 37.6	23.4 37.5
Gender				
Male	34.1	27.1	38.5	37.5
	28.4 40.4	21.3 33.6	31.0 46.6	28.0 48.1
Female	31.9	26.2	24.1	22.7
	27.4 36.9	21.6 31.6	17.5 32.1	15.4 32.1
Age				
15-24	35.7	30.0	23.5	16.8
	28.7 43.3	22.9 38.3	13.5 37.6	7.4 33.7
25-34	37.4	32.6	31.4	30.5
	31.5 43.7	25.0 41.3	23.4 40.8	21.0 42.1
35-49	29.6	22.8	28.1	28.0
	23.2 36.9	17.6 29.0	21.7 35.5	20.6 36.9
50-64	34.7	25.0	41.7	41.8
	25.6 45.1	17.8 34.0	28.2 56.4	25.6 60.1
65+	24.8	21.7	16.8	11.4
	13.2 41.6	9.7 41.8	7.0 35.2	4.2 27.4
Household Income Level				
$0-3000	34.7	28.3	21.1	15.7
	29.0 40.9	21.6 36.0	14.9 29.0	10.1 23.7
$3001-$7000	37.1	29.2	33.8	33.9
	30.1 44.7	22.3 37.3	27.1 41.2	25.6 43.2
$7001+	24.4	20.2	39.7	39.1
	16.4 34.6	11.6 32.9	29.2 51.3	26.8 53.0
Educational Level				
Incomplete and complete primary	35.1	31.3	39.3	36.5
	25.9 45.5	20.8 44.1	23.9 57.1	18.3 59.6
Incomplete secondary	34.4	26.6	28.2	28.1
	26.1 43.7	19.5 35.1	17.7 41.7	15.5 45.3
Complete secondary	30.1	22.6	29.2	29.9
	23.2 38.1	14.8 33.0	19.3 41.7	18.2 44.9
Incomplete and complete tertiary or university	31.8	25.0	31.7	28.8
	27.6 36.3	20.0 30.7	24.8 39.6	21.9 36.8
Region				
Centro	33.7	27.9	33.5	32.2
	28.2 39.7	22.4 34.1	25.9 42.0	23.3 42.6
Noroeste	33.5	26.3	32.5	29.4
	28.5 38.8	21.6 31.5	25.3 40.6	21.8 38.4
Litoral	32.9	25.9	28.4	25.4
	28.6 37.6	21.3 31.1	22.8 34.7	19.5 32.5
Cuyo	26.6	17.9	19.7	18.6
	23.0 30.5	14.6 21.8	15.0 25.6	13.2 25.6
Patagónica	30.3	21.5	25.2	19.9
	27.7 33.1	18.5 24.9	19.5 31.9	14.9 26.1

Table 5.2 - Percentage of adults ≥ 15 years old who were exposed to smoke at home and percentage of adults 15 years of age or older who work indoors and were exposed to smoke at work, by smoking status and sociodemographic characteristics. GATS Argentina, 2012

	Exposed at home		Exposed at work	
	Overall % (95% CI)	Non Smokers % (95% CI)	Overall % (95% CI)	Non Smokers % (95% CI)
Overall	33.0	26.6	31.6	30.0
	29.1 37.0	22.7 30.9	26.1 37.6	23.4 37.5
Gender				
Male	34.1	27.1	38.5	37.5
	28.4 40.4	21.3 33.6	31.0 46.6	28.0 48.1
Female	31.9	26.2	24.1	22.7
	27.4 36.9	21.6 31.6	17.5 32.1	15.4 32.1
Age				
15-24	35.7	30.0	23.5	16.8
	28.7 43.3	22.9 38.3	13.5 37.6	7.4 33.7
25-34	37.4	32.6	31.4	30.5
	31.5 43.7	25.0 41.3	23.4 40.8	21.0 42.1
35-49	29.6	22.8	28.1	28.0
	23.2 36.9	17.6 29.0	21.7 35.5	20.6 36.9
50-64	34.7	25.0	41.7	41.8
	25.6 45.1	17.8 34.0	28.2 56.4	25.6 60.1
65+	24.8	21.7	16.8	11.4
	13.2 41.6	9.7 41.8	7.0 35.2	4.2 27.4
Household Income Level				
$0-3000	34.7	28.3	21.1	15.7
	29.0 40.9	21.6 36.0	14.9 29.0	10.1 23.7
$3001-$7000	37.1	29.2	33.8	33.9
	30.1 44.7	22.3 37.3	27.1 41.2	25.6 43.2
$7001+	24.4	20.2	39.7	39.1
	16.4 34.6	11.6 32.9	29.2 51.3	26.8 53.0
Educational Level				
Incomplete and complete primary	35.1	31.3	39.3	36.5
	25.9 45.5	20.8 44.1	23.9 57.1	18.3 59.6
Incomplete secondary	34.4	26.6	28.2	28.1
	26.1 43.7	19.5 35.1	17.7 41.7	15.5 45.3
Complete secondary	30.1	22.6	29.2	29.9
	23.2 38.1	14.8 33.0	19.3 41.7	18.2 44.9
Incomplete and complete tertiary or university	31.8	25.0	31.7	28.8
	27.6 36.3	20.0 30.7	24.8 39.6	21.9 36.8
Region				
Centro	33.7	27.9	33.5	32.2
	28.2 39.7	22.4 34.1	25.9 42.0	23.3 42.6
Noroeste	33.5	26.3	32.5	29.4
	28.5 38.8	21.6 31.5	25.3 40.6	21.8 38.4
Litoral	32.9	25.9	28.4	25.4
	28.6 37.6	21.3 31.1	22.8 34.7	19.5 32.5
Cuyo	26.6	17.9	19.7	18.6
	23.0 30.5	14.6 21.8	15.0 25.6	13.2 25.6
Patagónica	30.3	21.5	25.2	19.9
	27.7 33.1	18.5 24.9	19.5 31.9	14.9 26.1

Table 5.3 - Percentage of adults ≥ 15 years old who were exposed to tobacco smoke in various public places by sociodemographic characteristics. GATS Argentina, 2012.

(*)	Government Buildings % (95% CI)		Health Care Facilities % (95% CI)		Restaurants % (95% CI)		Night Clubs % (95% CI)	
Overall	24.5		8.8		23.2		86.2	
	19.7	30.0	6.1	12.4	18.5	28.7	80.1	90.6
Gender								
Male	23.0		8.5		28.0		86.8	
	16.9	30.4	5.3	13.4	19.3	38.6	78.7	92.1
Female	25.8		8.9		18.6		85.5	
	18.8	34.2	5.2	14.8	13.4	25.0	78.1	90.8
Age								
15-24	33.1		10.9		17.3		90.5	
	22.3	46.0	5.2	21.3	11.3	25.5	85.8	93.7
25-34	29.4		10.3		37.8		80.6	
	19.5	41.8	5.3	19.0	21.1	58.0	65.7	90.0
35-49	21.1		12.8		23.5		77.6	
	13.4	31.7	7.1	22.2	14.8	35.0	62.6	87.7
50-64	19.3		2.9		16.2		48.8	
	9.7	34.8	1.6	5.3	6.7	34.0	26.0	72.1
65+	18.3		4.7		14.6		- (*)	
	8.6	34.7	2.1	10.5	5.1	35.4	-	-
Household Income Level								
$0-3000	20.1		9.8		30.4		88.5	
	14.3	27.5	5.8	15.8	19.6	43.9	81.2	93.1
$3001-$7000	21.3		11.8		26.4		82.9	
	14.9	29.4	7.4	18.3	19.5	34.8	72.8	89.8
$7001+	23.9		8.3		24.9		88.4	
	12.8	40.3	2.8	22.3	15.2	38.1	70.9	95.9
Educational Level								
Incomplete and complete primary	11.7		5.5		30.4		87.1	
	7.7	17.3	3.8	7.8	12.5	57.0	75.6	93.7
Incomplete secondary	31.6		16.3		21.7		87.5	
	19.1	47.4	7.9	30.5	11.6	36.9	80.3	92.4
Complete secondary	25.5		8.5		10.1		85.0	
	15.7	38.8	3.6	19.1	6.6	15.2	73.4	92.1
Incomplete and complete tertiary or university	25.1		5.9		27.8		85.5	
	17.9	34.0	3.3	10.5	20.3	36.8	75.0	92.1
Region								
Centro	26.6		7.9		21.1		88.5	
	19.7	34.9	4.5	13.6	15.0	28.8	78.8	94.1
Noroeste	34.1		16.9		39.5		86.3	
	27.7	41.1	11.0	25.1	31.3	48.4	79.3	91.2
Litoral	17.4		13.2		34.4		92.4	
	13.8	21.7	10.1	17.1	27.0	42.8	86.6	95.8
Cuyo	14.1		3.5		22.0		90.9	
	10.1	19.2	2.3	5.4	16.9	28.1	85.1	94.6
Patagónica	11.4		4.0		13.1		37.3	
	8.6	15.0	2.2	7.2	8.8	19.1	28.4	47.2

(*) Denominator < 25 cases

Table 5.3 (cont.) - Percentage of adults ≥ 15 years old who were exposed to tobacco smoke in various public places by sociodemographic characteristics. GATS Argentina, 2012.

	Universities % (95% CI)		Schools or other educational % (95% CI)		Public Transportation % (95% CI)	
Overall	40.9		23.1		16.6	
	32.2	50.2	17.6	29.7	12.3	22.1
Gender						
Male	39.1		28.0		16.8	
	27.3	52.3	18.8	39.4	11.6	23.9
Female	42.5		19.9		16.5	
	32.8	52.9	14.5	26.7	11.9	22.4
Age						
15-24	50.6		38.3		22.0	
	38.5	62.7	26.5	51.6	15.5	30.2
25-34	52.6		20.1		13.8	
	34.9	69.7	12.3	31.2	8.9	20.7
35-49	18.1		14.8		15.6	
	8.1	35.6	9.0	23.3	10.5	22.5
50-64	26.0		4.5		11.5	
	11.9	47.6	2.4	8.4	5.7	21.7
65+	- (*)		22.2		20.0	
	-	-	5.0	60.7	5.4	52.4
Household Income Level						
$0-3000	38.4		23.0		20.1	
	27.0	51.3	16.4	31.3	12.9	29.9
$3001-$7000	46.5		25.8		17.7	
	32.1	61.6	14.4	41.7	11.9	25.4
$7001+	37.0		23.6		23.7	
	22.5	54.3	13.8	37.4	14.1	36.9
Educational Level						
Incomplete and complete primary	- (*)		15.6		20.5	
	-	-	8.7	26.6	10.9	35.3
Incomplete secondary	34.2		34.8		18.3	
	17.5	56.0	21.6	50.9	10.8	29.2
Complete secondary	39.4		17.0		11.8	
	15.6	69.6	10.3	26.7	7.0	19.3
Incomplete and complete tertiary or university	42.0		16.7		15.4	
	32.6	52.0	11.6	23.4	12.0	19.7
Region						
Centro	34.2		23.1		15.6	
	21.9	49.1	15.2	33.6	10.1	23.3
Noroeste	70.8		34.4		32.1	
	59.8	79.8	28.3	41.2	24.4	40.9
Litoral	41.6		21.5		12.0	
	32.9	51.0	16.6	27.5	8.4	16.9
Cuyo	53.9		17.6		11.7	
	41.8	65.6	13.4	22.9	8.6	15.6
Patagónica	13.7		8.8		10.3	
	7.9	22.8	6.1	12.4	7.6	13.6

(*) Denominator < 25 cases

Table 5.4 – Proportion of non-smokers ≥ 15 years old who were exposed to tobacco smoke in various public places by sociodemographic characteristics. GATS Argentina, 2012.

	Government buildings % (95% CI)		Health care facilities % (95% CI)		Restaurants % (95% CI)		Night clubs % (95% CI)	
Overall	28.1		9.9		25.3		88.0	
	22.2	34.8	6.7	14.4	19.0	32.9	81.7	92.3
Gender								
Male	29.4		10.6		32.5		88.7	
	21.5	38.9	6.4	17.1	21.5	46.0	80.8	93.7
Female	27.1		9.5		19.6		87.3	
	19.4	36.5	5.3	16.4	13.3	28.0	79.1	92.6
Age								
15-24	36.2		12.1		16.2		92.4	
	22.8	52.2	5.4	24.7	9.3	26.6	87.4	95.5
25-34	32.4		10.9		38.6		82.9	
	20.6	47.0	5.2	21.5	19.1	62.5	67.2	92.0
35-49	24.7		15.9		29.4		77.7	
	15.6	36.9	8.6	27.5	18.8	42.7	57.7	89.8
50-64	25.5		3.2		18.7		30.1	
	12.9	44.3	1.6	6.3	6.2	44.4	12.0	57.6
65+	18.8		4.8		17.3		- (*)	
	8.3	37.4	2.0	10.9	6.0	40.7	-	-
Household Income Level								
$0-3000	22.4		11.0		29.9		91.3	
	15.5	31.2	6.4	18.3	17.3	46.6	84.0	95.5
$3001-$7000	25.3		13.4		31.6		85.5	
	17.4	35.4	8.0	21.6	23.3	41.1	75.8	91.8
$7001+	29.2		9.3		21.6		87.7	
	14.4	50.4	2.9	25.9	12.5	34.9	64.6	96.5
Educational Level								
Incomplete and complete primary	12.5		5.5		14.0		89.3	
	7.8	19.3	3.6	8.2	7.5	24.6	73.7	96.1
Incomplete secondary	36.4		20.8		25.1		87.5	
	21.2	54.9	10.1	37.9	11.7	45.9	77.9	93.3
Complete secondary	27.2		9.8		10.7		86.5	
	15.6	42.9	4.0	21.7	6.3	17.6	74.6	93.3
Incomplete and complete tertiary or university	29.8		6.0		31.9		88.6	
	20.9	40.6	3.2	10.8	22.8	42.6	79.1	94.1
Region								
Centro	30.8		9.0		23.6		91.2	
	22.5	40.6	4.9	15.9	15.7	33.9	81.9	96.0
Noroeste	37.8		19.4		41.9		83.7	
	30.1	46.0	12.4	29.2	31.7	52.9	74.1	90.2
Litoral	19.6		14.3		33.6		91.3	
	15.2	24.8	10.7	18.8	24.4	44.2	83.3	95.6
Cuyo	15.3		3.7		24.9		91.8	
	10.2	22.5	2.2	6.1	18.5	32.7	85.9	95.3
Patagónica	12.3		4.5		15.0		38.5	
	9.4	16.0	2.3	8.6	9.3	23.3	28.2	49.8

Table 5.4 (cont.) – Proportion of non-smokers ≥ 15 years old who were exposed to tobacco smoke in various public places by sociodemographic characteristics. GATS Argentina, 2012.

	Universities % (95% CI)		Schools or other educational % (95% CI)		Public Transportation % (95% CI)	
Overall	43.2		24.4		17.6	
	33.5	53.4	18.0	32.2	12.6	24.0
Gender						
Male	43.0		30.0		19.1	
	29.2	58.0	19.1	43.8	12.5	28.0
Female	43.4		21.2		16.8	
	33.1	54.3	15.0	29.0	11.7	23.5
Age						
15-24	53.0		39.8		25.2	
	40.7	64.9	26.2	55.3	17.3	35.1
25-34	54.6		22.1		14.1	
	35.1	72.8	12.9	35.2	8.7	22.2
35-49	23.2		16.2		13.9	
	10.0	45.2	9.4	26.5	9.1	20.8
50-64	26.6		3.4		11.9	
	10.2	53.6	1.6	7.0	5.4	24.5
65+	- (*)		24.9		21.4	
	-	-	5.8	64.2	5.8	54.7
Household Income Level						
$0-3000	37.0		24.4		21.2	
	23.9	52.5	16.5	34.6	12.9	32.9
$3001-$7000	50.7		26.7		18.9	
	35.8	65.5	13.9	45.3	12.2	28.1
$7001+	36.4		24.7		25.1	
	18.8	58.5	13.5	40.8	14.2	40.4
Educational Level						
Incomplete and complete primary	- (*)		14.2		22.6	
	-	-	6.6	27.8	11.5	39.5
Incomplete secondary	39.0		36.6		20.4	
	20.6	61.2	21.5	54.8	12.0	32.7
Complete secondary	23.2		17.0		10.6	
	11.3	41.7	9.6	28.4	5.5	19.6
Incomplete and complete tertiary or university	45.7		18.5		16.2	
	35.4	56.5	12.6	26.4	12.5	20.7
Region						
Centro	37.4		24.9		17.1	
	23.4	53.8	16.0	36.8	10.8	26.0
Noroeste	71.7		36.2		33.5	
	59.8	81.2	29.8	43.2	25.6	42.5
Litoral	37.3		21.4		11.5	
	27.6	48.2	16.4	27.5	8.2	15.9
Cuyo	58.5		17.6		9.5	
	45.2	70.6	13.1	23.2	6.6	13.6
Patagónica	15.1		9.5		8.9	
	7.7	27.3	6.3	14.2	6.0	13.0

Table 5.5 - Percentage of adults ≥15 years old who know or believe that breathing other people's smoke cause serious illness in non-smokers by sociodemographic characteristics and smoking status - GATS Argentina, 2012

	Yes % (95% CI)		No % (95% CI)		Don't Know % (95% CI)	
Overall	92.6		4.3		3.1	
	90.9	94.0	3.1	5.8	2.3	4.3
Gender						
Male	92.2		4.6		3.1	
	90.1	94.0	3.1	6.7	2.0	4.8
Female	92.9		3.9		3.1	
	90.5	94.7	2.6	5.9	2.1	4.7
Age						
15-24	91.1		5.7		3.2	
	87.2	93.9	3.3	9.5	1.9	5.5
25-34	95.4		2.3		2.3	
	92.2	97.3	1.0	5.1	1.1	4.9
35-49	93.8		2.7		3.5	
	90.3	96.1	1.5	4.9	1.8	6.9
50-64	91.5		5.6		2.9	
	87.5	94.3	3.0	10.1	1.5	5.7
65+	91.3		4.8		3.9	
	86.0	94.7	2.5	9.3	2.0	7.5
Household Income Level						
$0-3000	91.6		4.7		3.7	
	88.3	94.0	2.8	8.0	2.4	5.7
$3001-$7000	94.8		3.5		1.7	
	92.6	96.4	2.3	5.3	1.0	3.0
$7001+	94.5		3.7		1.8	
	90.4	96.9	1.8	7.6	0.9	3.6
Educational Level						
Incomplete and complete primary	93.8		2.8		3.3	
	90.8	95.9	1.5	5.2	2.0	5.5
Incomplete secondary	92.3		4.8		2.8	
	88.9	94.8	2.7	8.3	1.7	4.8
Complete secondary	92.4		4.4		3.3	
	87.9	95.3	2.3	8.0	1.6	6.6
Incomplete and complete tertiary or university	91.8		5.1		3.1	
	88.8	94.1	3.1	8.2	1.7	5.7
Region						
Centro	91.5		5.1		3.4	
	88.9	93.6	3.5	7.4	2.2	5.3
Noroeste	95.2		2.4		2.4	
	93.6	96.4	1.6	3.7	1.6	3.6
Litoral	93.5		3.1		3.4	
	91.6	95.0	2.1	4.6	2.3	5.1
Cuyo	96.2		2.2		1.6	
	94.6	97.3	1.4	3.6	1.0	2.6
Patagónica	95.2		1.9		2.9	
	93.6	96.3	1.2	3.0	2.1	4.2
Smoking Status						
Non Smoker	93.6		3.4		2.9	
	91.5	95.2	2.3	5.2	2.0	4.2
Smoker	89.0		7.2		3.8	
	84.3	92.4	3.9	12.9	2.4	6.0

Economics

Introduction

The tobacco industry has argued that tobacco is important to a country's economy in an attempt to interfere with implementation of adequate health policies to reduce the harm caused by tobacco use[1]. A myth has been created about the economic benefits of the tobacco industry and its marketing chain. However, reduced spending on tobacco would lead to increases in spending elsewhere that would galvanize other economic sectors. We will briefly describe aspects of the economic importance of tobacco in our country.

Argentina is a net exporter of tobacco that accounts for 2% of production worldwide. Tobacco is grown in seven of the country's provinces: Misiones, Salta, Jujuy, Chaco, Catamarca, Corrientes, and Tucumán. The surface area planted with tobacco (70,000 to 90,000 ha) accounts for 0.34% of total hectares under cultivation nationally. According to data from the Ministry of Agriculture, Livestock and Fisheries, 135,241,219 kg of tobacco was harvested in 2011 and 82,019,460 kg was exported (60%), mainly in the form of leaves or unprocessed tobacco and tobacco refuse (97% of total exports). Two companies account for 96% of local manufacturing of tobacco products; both are subsidiaries of the two leading tobacco companies world-wide.

WHO advocates raising taxes and prices for tobacco products as a means of reducing tobacco consumption. This policy is included in the MPOWER tobacco control strategy,[2] which recommends that taxes make up at least 70% of the total price.[3]

This chapter discusses the economic and commercial aspects of the tobacco economy that were evaluated in the GATS survey.

Methodology

Implementation of GATS in Argentina made it possible to estimate cigarette buying patterns, for example, the size of cigarette packs purchased by smokers, places where tobacco were last purchased, the most frequently consumed brands, and consumption of products the tobacco industry describes as low-tar or flavored. Other estimated indicators were the price of cigarettes and their affordability based on the average expenditure for 100 packs of cigarettes relative to per capita GDP.

Results

Table 6.1 shows the size of cigarette packs purchased by today's smokers: 71.1% purchased packs of 20 cigarettes, 20% purchased packs of 10, and 7.7% purchased loose cigarettes. The latter practice is more common among younger age groups (12.7% for the group aged 15 to 24) and highest in the Noroeste (14%) and Cuyo (13.4%) regions (Table 6.1).

The average amount spent on 20 cigarettes in our country was $7.9 (ARS), and there were no differences observed in the price paid when broken down by gender, age, socioeconomic status, or region (Table 6.2). The average cost per month of cigarettes was $145.90 (ARS), and this amount was higher among men ($158.20 ARS) than women ($125.80 ARS). The cost of 100 packs of manufactured cigarettes accounted for 1.5% of per capita gross domestic product.

A total of 16.2% of current smokers reported using cigarettes labeled as light, mild or low-tar. This circumstance was more common in older age groups (34.4% in the 50 to 64 age group, and 45.4% among those over age 65) (Table 6.4).

A total of 7.5% of respondents reported purchasing flavored cigarettes. This consumption pattern was most common among women (12.3%), young people (17.6% in respondents aged 15 to 24 years), and those in lower income brackets (13% among those earning less than $3,000) (Table 6.4).

The place where the last pack of cigarettes was purchased was most common at kiosks (77.3%), followed by stores, with the latter location being most common in the Noroeste region (49.1%) (Table 6.5).

Discussion

The GATS survey revealed that cigarettes are extremely cheap in our country, which facilitates easy access to this product.

A recent analysis of this indicator in 15 countries that implemented GATS between 2008 and 2011 shows that Argentina's price levels are comparable to Brazil, and that Russia is the only country with lower prices.[4]

While taxes account for 69% of the sale price for the Argentine consumer, this has not translated into an increase in the sale price of tobacco[5], due to the low base price and the wide range of existing prices, which allows low-income earners to continue to purchase cheaper cigarettes when only taxes rise. Because these are usually ad valorem taxes, they are established as a percentage. And finally, like all other products, 21% value added tax (VAT) is added to the final price of cigarettes.

This chapter also examined purchases of loose cigarettes and packs of only a few cigarettes. Per unit cigarette purchases enable the most vulnerable populations to use tobacco without having to pay the price of a full pack[6]. This practice lessens the effect of increased tobacco prices on low-income populations. Moreover, secondary school students living in areas with the lowest socioeconomic conditions account for the highest percentage of purchases of loose cigarettes in this country[7]. To tackle this issue, the Argentine National Congress enacted a law that, among other measures, prohibits the sale of loose cigarettes and small packs in keeping with the guidelines set out in the WHO FCTC.

Labeling certain cigarettes as light, mild or low-tar has led many smokers to believe that these products are less harmful than regular cigarettes[8]. Merely removing these descriptions from cigarette packs has been shown to be insufficient to eliminate this belief among smokers[9]. Interestingly, the survey showed that the most privileged socioeconomic populations were more likely to report having purchased this type of products. The use of flavored cigarettes was more common among women, young people and those from lower income brackets.

Kiosks were the main vendors of tobacco products. Since points of sale are exempt from restrictions on advertising under Law 26687, smokers are exposed to the proliferation of tobacco advertising in such establishments.

There is evidence that exposure to tobacco advertisements encourages the consumption of tobacco products[10]. In addition, the mere sight of the packs of cigarettes on display in retail stores leads to unplanned cigarette purchases[11].

In conclusion, implementation of economic measures is a highly cost-effective way to control the tobacco epidemic. Increasing tobacco prices is proven to lower consumption, especially in the most vulnerable populations. Also, education and communication campaigns can increase knowledge and change attitudes about tobacco products that are falsely presented as less harmful, such as "light" and flavored cigarettes.

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11. Carter O, Mills B, Donovan R. The effect of retail cigarette pack displays on unplanned purchases: results from immediate post purchase interviews. Tobacco Control, 2009;18, 218-221.

Table 6.1 - Percentage of current cigarette smokers ≥15 years old who bought loose cigarettes, packs or cartons by sociodemographic characteristics. GATS Argentina, 2012.

	Loose cigarettes % (95% CI)	Packs				Cartons % (95% CI)
		Overall % (95% CI)	10 cigarettes % (95% CI)	20 cigarettes % (95% CI)	Other % (95% CI)	
Overall	7.7	91.7	20.0	71.1	0.6	0.6
	5.6 10.4	88.9 93.9	15.2 25.9	64.0 77.2	0.2 2.1	0.4 1.1
Gender						
Male	7.3	92.4	16.8	75.5	0.1	0.3
	4.8 10.8	88.8 94.9	11.6 23.8	67.2 82.2	0.0 0.4	0.2 0.6
Female	8.3	90.6	25.5	63.6	1.5	1.2
	5.7 11.9	86.7 93.4	18.5 34.0	54.2 72.1	0.4 5.6	0.5 2.4
Age						
15-24	12.7	87.3	35.0	50.9	1.3	0.0
	7.7 20.4	79.6 92.3	24.2 47.7	39.4 62.3	0.2 7.0	0.0 0.2
25-34	5.0	94.5	22.8	71.6	0.1	0.5
	2.7 9.1	90.2 96.9	14.1 34.7	57.9 82.2	0.0 0.5	0.2 1.6
35-49	6.7	92.8	17.1	74.5	1.2	0.5
	3.6 12.1	87.3 96.0	9.9 27.9	62.9 83.5	0.2 7.7	0.2 1.2
50-64	7.7	91.1	7.9	83.2	0.1	1.2
	3.7 15.3	83.1 95.5	3.9 15.2	71.5 90.7	0.0 0.2	0.5 3.2
65+	2.3	96.0	11.2	84.8	0.0	1.7
	0.7 7.7	89.5 98.5	5.2 22.3	73.6 91.8	- -	0.3 8.0
Household Income Level						
$0-3000	10.4	88.5	23.1	64.5	1.0	1.1
	6.6 15.9	83.0 92.4	17.5 29.9	56.5 71.7	0.2 5.6	0.5 2.5
$3001-$7000	9.7	89.6	19.4	70.2	0.0	0.7
	6.0 15.3	83.8 93.4	13.5 27.1	60.5 78.3	0.0 0.1	0.3 1.6
$7001+	5.4	94.2	11.9	82.4	0.0	0.4
	2.2 12.7	87.0 97.6	5.6 23.5	69.1 90.7	- -	0.1 1.0
Educational Level						
Incomplete and complete primary	7.6	91.0	11.7	78.2	1.0	1.4
	4.0 14.0	84.4 94.9	7.1 18.6	67.3 86.3	0.1 7.1	0.6 3.3
Incomplete secondary	11.6	88.1	23.3	64.6	0.2	0.3
	6.8 19.0	80.6 93.0	14.5 35.2	50.6 76.5	0.1 0.9	0.1 0.8
Complete secondary	5.1	94.4	22.5	70.5	1.4	0.6
	2.8 8.9	90.4 96.8	13.0 36.0	56.4 81.5	0.2 9.2	0.2 1.9
Incomplete and complete tertiary or university	5.9	93.8	22.3	71.5	0.0	0.3
	3.3 10.4	89.3 96.5	14.7 32.3	61.2 79.9	0.0 0.2	0.1 0.8
Region						
Centro	6.5	93.5	17.8	74.8	0.8	0.0
	3.9 10.7	89.3 96.1	11.2 27.1	64.2 83.1	0.2 3.3	- -
Noroeste	14.0	85.8	27.4	58.4	0.0	0.2
	9.8 19.5	80.3 90.0	21.9 33.8	51.8 64.7	- -	0.1 0.7
Litoral	4.9	91.7	16.5	75.2	0.0	3.3
	2.1 10.8	86.3 95.2	11.9 22.5	68.2 81.1	- -	1.6 6.9
Cuyo	13.4	85.4	33.6	51.2	0.5	1.2
	9.1 19.2	79.4 89.8	27.7 40.2	45.2 57.2	0.1 3.2	0.3 5.0
Patagónica	4.0	93.5	16.9	76.0	0.7	2.4
	1.8 8.5	89.4 96.1	11.8 23.6	69.9 81.1	0.2 2.2	1.4 4.3

Table 6.2 - Average amount spent on 20 manufactured cigarettes by sociodemographic characteristics. GATS Argentina, 2012.

	Average (ARS) (95% CI)	
Overall	7.9	
	7.6	8.2
Gender		
Male	8.0	
	7.6	8.3
Female	7.8	
	7.4	8.1
Age		
15-24	8.7	
	8.4	9.0
25-34	8.1	
	7.9	8.3
35-49	8.1	
	7.7	8.5
50-64	7.4	
	7.0	7.9
65+	6.8	
	6.0	7.5
Household Income Level		
$0-3000	7.5	
	7.1	7.8
$3001-$7000	8.2	
	7.7	8.7
$7001+	7.8	
	7.5	8.1
Educational Level		
Incomplete and complete primary	7.3	
	6.9	7.7
Incomplete secondary	8.2	
	7.9	8.5
Complete secondary	7.8	
	7.1	8.5
Incomplete and complete tertiary or university	8.1	
	7.8	8.5
Region		
Centro	8.0	
	7.6	8.4
Noroeste	7.9	
	7.5	8.3
Litoral	7.1	
	6.6	7.5
Cuyo	7.9	
	7.5	8.3
Patagónica	8.4	
	8.1	8.6

Note: Outliers were not included in calculation of this indicator; 95% of main cases were included.

6.3 - Proportion of current smokers ≥ 15 years old who smoked cigarettes labeled as light, mild or low tar and flavored by sociodemographic characteristics. GATS Argentina, 2012.

	Light, mild or low tar % (95% CI)		Flavored % (95% CI)	
Overall	16.2		7.5	
	10.5	24.2	5.0	11.2
Gender				
Male	17.6		4.7	
	9.7	29.7	2.5	8.6
Female	14.0		12.3	
	10.1	19.0	7.3	20.0
Age				
15-24	6.5		17.6	
	3.9	10.4	9.3	30.7
25-34	8.5		7.9	
	5.0	14.2	4.5	13.3
35-49	9.2		4.2	
	4.1	19.1	2.1	8.3
50-64	34.4		1.4	
	19.4	53.2	0.5	4.0
65+	45.4		5.0	
	28.2	63.7	1.0	21.2
Household Income Level				
$0-3000	16.4		13.0	
	11.6	22.5	7.9	20.8
$3001-$7000	14.8		5.6	
	8.8	23.6	3.5	9.1
$7001+	25.0		1.7	
	9.0	53.0	0.5	5.0
Educational Level				
Incomplete and complete primary	13.0		5.6	
	7.7	21.0	2.7	11.1
Incomplete secondary	14.8		9.9	
	7.6	27.0	4.7	19.6
Complete secondary	17.3		9.1	
	7.3	35.5	3.3	22.8
Incomplete and complete tertiary or university	19.9		5.5	
	9.7	36.5	3.1	9.6
Region				
Centro	16.0		6.9	
	8.0	29.4	3.5	13.0
Noroeste	28.6		13.1	
	21.1	37.4	7.9	21.0
Litoral	13.0		2.7	
	7.3	22.1	1.2	6.3
Cuyo	8.7		9.5	
	5.3	13.9	6.0	14.8
Patagónica	8.3		8.3	
	5.4	12.4	5.3	12.7

6.4 - Percentage distribution of manufactured cigarette smokers ≥ 15 years old, by the source of last purchase of cigarettes and by sociodemographic characteristics. GATS Argentina, 2012

	Kiosk % (95% CI)		Grocery store % (95% CI)		Gas station % (95% CI)		Other % (95% CI)		Overall %
Overall	77.3		13.4		6.8		2.4		100
	71.9	81.9	10.6	16.9	4.2	11.0	1.3	4.5	
Gender									
Male	75.4		13.7		8.1		2.8		100
	68.1	81.4	10.0	18.5	4.5	14.3	1.2	6.1	
Female	80.5		13.0		4.6		1.8		100
	74.0	85.8	9.5	17.6	2.1	9.8	1.0	3.3	
Age									
15-24	78.6		14.9		2.6		3.8		100
	70.2	85.2	10.2	21.4	1.2	5.6	1.2	11.2	
25-34	80.5		12.6		5.6		1.3		100
	70.0	88.0	7.8	19.8	2.3	12.8	0.5	3.4	
35-49	74.3		15.6		8.0		2.1		100
	62.4	83.4	9.7	24.1	3.3	18.2	0.8	5.8	
50-64	75.8		11.8		10.5		1.9		100
	65.6	83.8	6.8	19.7	4.3	23.2	0.5	7.1	
65+	77.2		8.2		8.7		5.8		100
	59.4	88.7	3.8	16.7	2.1	30.3	1.2	24.5	
Household Income Level									
$0-3000	71.6		21.6		3.7		3.2		100
	64.7	77.6	16.3	28.0	2.2	6.2	1.5	6.8	
$3001-$7000	70.6		19.3		7.6		2.5		100
	61.8	78.1	13.3	27.0	2.8	18.8	0.9	6.7	
$7001+	81.7		4.5		12.6		1.2		100
	65.0	91.5	1.9	10.1	4.6	30.3	0.5	2.9	
Educational Level									
Incomplete and complete primary	68.5		18.9		9.0		3.7		100
	53.2	80.6	12.0	28.3	2.8	25.3	1.3	9.6	
Incomplete secondary	80.0		16.6		2.5		0.8		100
	70.7	86.9	10.6	25.0	1.4	4.6	0.4	2.0	
Complete secondary	82.9		7.1		8.0		2.0		100
	70.5	90.8	4.4	11.1	2.9	20.3	0.6	6.7	
Incomplete and complete tertiary or university	78.5		10.1		8.2		3.2		100
	68.8	85.8	6.7	15.1	3.7	17.0	0.9	10.3	
Region									
Centro	83.9		6.6		7.8		1.8		100
	76.3	89.4	4.2	10.1	3.9	14.8	0.6	5.2	
Noroeste	43.7		49.1		5.8		1.5		100
	35.3	52.3	40.4	57.9	2.9	11.3	0.5	3.9	
Litoral	74.3		12.1		5.2		8.3		100
	66.0	81.2	8.3	17.3	3.1	8.7	3.5	18.7	
Cuyo	79.8		14.7		4.2		1.4		100
	72.4	85.6	10.0	21.0	2.0	8.6	0.7	2.8	
Patagónica	80.9		11.9		5.4		1.8		100
	75.4	85.3	8.4	16.7	3.0	9.4	0.8	4.4	

Chapter 7

Media

Introduction

The primary vector for the spread of the tobacco epidemic is the advertisement and promotion of products by tobacco companies. They employ direct and indirect strategies based on enormous, ongoing investments in marketing studies that design population segments. Based on these studies, the companies decide how to introduce and encourage continued use of their products among different social sectors[1].

The National Tobacco Control Law (Nº 26.687) prohibits advertising, promotion, and sponsorship of cigarettes or tobacco products through any media or communications outlet, among other measures. The only exceptions to this are points of sale, commercial publications intended exclusively for individuals or institutions in the industry, and direct communication with individuals over 18 years of age, with prior consent and age verification. The law also states that any advertising or promotion must include health messages covering 20% of the total surface of the advertisement or promotion. Furthermore, the law requires implementation of printed, pictorial health warnings and the number of the Ministry of Health's toll-free quit-smoking line cover at least 50% of cigarette packages. These measures were implemented during the GATS field work period. The ban on advertising and sponsorship is expected to have a large impact on health in light of evidence that restrictions on tobacco advertising and sponsorship reduce cigarette use by 0.6%,[2] and warnings reduce cigarette use by 9%.[3]

This chapter discusses the impact of anti-tobacco advertising and messages and enforcement of the law, as well as alternative methods to which tobacco companies might resort to market their products.

Methodology

This section included questions about the population's exposure to anti-tobacco information and cigarette advertisements in various types of media (newspapers, magazines, television, radio, billboards on public thoroughfares, Internet, and cigarette packs in the past 30 days and the effect of health warning labels on cigarette packs. There were also questions about sports, music, fashion and art events associated with particular brands of cigarettes or tobacco companies, and on different strategies for promoting cigarettes, like free samples, discounts, coupons, gifts, etc.

Results

A total of 75.8% of those surveyed had noticed information about the dangers of smoking or urging smoking cessation in some media outlet during the previous 30 days. Television was the most common outlet (58.3%), followed by newspapers and magazines (42.9%), radio (32.4%), billboards on public thoroughfares (28.6%), and Internet (20%). The Internet was most popular place for noticing anti-smoking information among the youngest age groups (33.2%), higher income groups (26.9%), and among those with higher educational levels (Table 7.1).

More than half of the population (53.2%) reported seeing warnings on the risk of smoking on a cigarette pack in the past 30 days. The youngest age groups were more likely to report having seen a warning label and the percentage of current smokers that saw warning labels was as high as 83.4%. A total of 32.9% of smokers reported that the messages on cigarette packs made them think about quitting smoking (Table 7.2).

Advertisements were seen mostly at locations where cigarettes are sold (41.9%), followed by television (24.7%), billboards (20.6%), posters (18.3%) and newspapers or magazines (18%). When asked about sports, musical, art or fashion events associated with cigarette brands or tobacco companies, 4.9% of respondents noticed at least one in the past month; 3.9% at sporting events and 1.2% at musical, theater, and art events. (Table 7.3).

Regarding the promotion of tobacco products, 1.2% of respondents received free cigarette samples and 1.4% received discount coupons to purchase cigarettes. Giving away clothing or other items bearing the name or logo of a cigarette brand (8.4%) was a more common promotion strategy than others. (Table 7.4).

Discussion

Information disseminated through the media on the dangers of smoking or encouraging smoking cessation has a strong impact. While the Internet was the least mentioned media outlet, it is a powerful reference point among youth, those in higher income brackets, and the more highly educated. This reflects the importance of including and tailoring communications strategies to new information channels for specific target groups.

Health warning labels were first printed on cigarette packs in June 2012, while the field work for GATS was underway. Consequently, these results may underestimate the percentage of respondents who saw them, since these warnings are now found on all packs. For this reason, the survey registered only a slight impact on smokers, despite evidence that such labeling does contribute to reducing the number of adolescents who start smoking and increasing the number of people who quit smoking. Warning labels on cigarette packs are a mass education strategy in as much as they reach everyone and are ongoing.[4]

The survey showed that cigarette advertising and promotion registers strongly with the population, especially at points of sale. These data reveal a strategy on the part of tobacco companies to market their products widely, despite the regulations in force in Argentina pursuant to the Tobacco Law Nº 26.687.

A reinforced surveillance system is required to evaluate awareness, acceptance, and the impact of the law's regulations. In addition, this will allow us to monitor new advertising and marketing methods that tobacco companies are using to attract new customers and keep existing ones.

The regulation of the National Tobacco Control Law prohibits comprehensively advertising: "public spaces such as theaters, restaurants, bars, clubs, game rooms, all kinds of establishing local or public use, workplaces". Furthermore, although in the outlets is allowed advertising, it will be "only through signs that must have the following characteristics: only one per manufacturer, of dimensions 30 x 30 cm (in two dimensions, not allowing the use of lighting posters or screens), not visible from outside, contain health messages to occupy the bottom 20% of their surface."

In conclusion, full implementation of the national law will be necessary in order to reduce exposure to advertising and sponsorship of tobacco products. During this period, there were no well-funded anti-tobacco campaigns, but the issue has been taken up by the media, opinion makers, and the public.

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Table 7.1 - Percentage of adults ≥ 15 years old who noticed anti-cigarette smoking information during the last 30 days in various places, by smoking status and selected sociodemographic characteristics. GATS Argentina, 2012

	Newspapers or Magazines % (95% CI)		Television % (95% CI)		Radio % (95% CI)		Billboards % (95% CI)		Internet % (95% CI)		Somewhere else % (95% CI)	
Overall	42.9		58.3		32.4		28.6		20.0		6.0	
	37.6	48.4	54.0	62.5	28.0	37.0	24.7	33.0	17.5	22.8	4.6	7.8
Gender												
Male	43.2		56.0		30.8		30.0		18.4		5.4	
	36.2	50.5	49.6	62.1	25.7	36.3	24.8	35.8	15.3	21.9	3.7	7.7
Female	42.6		60.4		33.8		27.4		21.5		6.6	
	36.4	49.1	54.9	65.7	28.1	40.0	22.7	32.7	17.2	26.6	4.8	9.1
Age												
15-24	38.6		54.9		21.5		35.3		33.2		7.5	
	29.8	48.2	46.6	63.0	15.2	29.5	28.4	42.8	27.5	39.4	5.2	10.7
25-34	42.2		55.4		30.7		27.5		19.1		6.3	
	33.8	51.2	48.1	62.6	22.7	40.1	20.9	35.2	14.3	25.2	4.3	9.3
35-49	40.6		56.4		31.5		23.7		21.6		6.9	
	34.2	47.2	49.5	63.0	24.3	39.7	18.9	29.2	15.5	29.3	3.9	11.8
50-64	48.0		65.7		41.9		32.7		15.1		5.6	
	41.1	55.0	57.4	73.2	33.9	50.3	25.0	41.5	10.7	20.8	3.4	9.2
65+	47.4		59.7		40.3		20.0		2.9		2.3	
	35.7	59.5	48.1	70.4	29.8	51.7	13.7	28.1	1.5	5.5	1.2	4.4
Household Income Level												
$0-3000	43.6		66.7		37.4		28.8		14.1		7.9	
	37.3	50.2	61.6	71.3	30.7	44.5	23.2	35.1	11.1	17.9	5.6	11.2
$3001-$7000	39.8		56.6		28.2		26.5		21.7		5.5	
	33.0	47.0	49.1	63.8	23.1	33.9	21.8	31.7	17.0	27.3	3.5	8.5
$7001+	48.8		48.4		31.6		27.0		26.9		4.8	
	34.5	63.3	38.8	58.2	21.6	43.8	18.5	37.5	21.1	33.6	3.0	7.5
Educational Level												
Incomplete and complete primary	37.5		60.2		34.2		21.3		5.0		4.1	
	29.8	45.9	52.7	67.2	27.5	41.6	16.3	27.3	3.4	7.2	2.7	6.1
Incomplete secondary	40.1		61.9		32.2		33.6		22.2		6.0	
	28.6	52.8	51.3	71.5	23.6	42.1	25.5	42.8	17.0	28.3	4.3	8.5
Complete secondary	50.3		64.4		36.2		29.0		25.1		4.5	
	43.0	57.6	56.6	71.5	28.0	45.3	22.0	37.0	18.2	33.5	2.5	8.2
Incomplete and complete tertiary or university	45.3		49.3		28.2		31.2		28.8		8.9	
	35.7	55.4	44.0	54.7	21.6	35.9	23.6	39.9	25.0	32.9	5.9	13.2

Table 7.1 (cont.)

	Newspapers or Magazines % (95% CI)		Television % (95% CI)		Radio % (95% CI)		Billboards % (95% CI)		Internet % (95% CI)		Somewhere else % (95% CI)	
Overall	42.9		58.3		32.4		28.6		20.0		6.0	
Region												
Centro	46.0		57.3		32.8		29.6		19.4		4.8	
	38.5	53.7	50.9	63.4	26.6	39.7	23.9	36.0	15.8	23.6	3.0	7.5
Noroeste	39.4		60.4		34.9		36.7		22.2		13.1	
	34.5	44.5	56.1	64.6	30.5	39.6	31.9	41.7	18.5	26.4	10.1	16.7
Litoral	29.1		60.9		29.5		18.1		16.7		7.4	
	24.7	34.0	55.6	65.9	25.4	34.1	14.8	22.0	13.6	20.3	5.6	9.6
Cuyo	38.3		59.9		27.9		24.4		22.3		3.8	
	33.3	43.7	55.2	64.4	24.5	31.6	20.3	29.1	18.9	26.2	2.6	5.4
Patagónica	44.9		60.0		32.4		27.2		28.1		7.4	
	40.1	49.8	56.2	63.6	28.5	36.6	23.0	31.9	24.0	32.5	4.9	11.1
Smoking Status												
Non-smoker	44.7		58.7		33.4		29.2		20.0		5.9	
	37.7	51.8	53.0	64.1	28.1	39.2	24.9	34.0	16.7	23.8	4.4	7.9
Smoker	36.8		57.1		28.7		26.6		20.0		6.4	
	31.4	42.6	49.5	64.3	22.0	36.4	21.4	32.5	15.2	25.7	3.9	10.4

Table 7.2 - Percentage of respondents > 15 years old who noticed a health warning on the risks of smoking on cigarette packages in the past 30 days, and percentage of current smokers who thought about quitting after seeing warning labels on cigarette packs, by sociodemographic variables. GATS Argentina, 2012

	Noticed health warnings on cigarette packages		Current smokers who thought about quitting because of warning labels
	Adults	Current smokers	
	% (95% CI)	% (95% CI)	% (95% CI)
Overall	53.2	83.4	32.9
	48.7 — 57.7	75.9 — 88.9	26.5 — 40.0
Gender			
Male	58.1	80.1	33.9
	51.6 — 64.3	67.3 — 88.7	25.9 — 42.9
Female	48.9	89.1	31.3
	43.8 — 53.9	84.6 — 92.4	23.8 — 40.0
Age			
15-24	64.5	88.3	27.8
	55.1 — 72.8	83.3 — 91.9	18.9 — 39.0
25-34	62.0	77.9	28.9
	54.9 — 68.6	64.2 — 87.4	17.8 — 43.2
35-49	52.3	81.5	39.6
	43.6 — 60.9	63.0 — 92.0	22.8 — 59.3
50-64	49.5	85.7	33.0
	41.5 — 57.6	70.3 — 93.8	25.2 — 41.9
65+	28.2	86.2	42.4
	20.0 — 38.3	72.5 — 93.6	26.9 — 59.6
Household Income Level			
$0-3000	49.1	83.0	29.5
	43.1 — 55.2	77.1 — 87.6	22.6 — 37.3
$3001-$7000	59.7	89.6	46.7
	54.2 — 65.0	84.7 — 93.1	35.3 — 58.5
$7001+	53.6	77.1	34.3
	43.6 — 63.3	47.8 — 92.6	20.3 — 51.8
Educational Level			
Incomplete and complete primary	40.4	65.3	25.9
	33.4 — 47.9	42.2 — 82.9	16.9 — 37.6
Incomplete secondary	64.1	89.9	43.1
	54.6 — 72.6	84.7 — 93.5	27.2 — 60.5
Complete secondary	52.1	84.8	28.9
	43.1 — 61.0	69.5 — 93.2	19.9 — 40.0
Incomplete and complete tertiary or university	56.9	92.5	32.9
	52.0 — 61.7	87.7 — 95.5	23.7 — 43.5
Region			
Centro	53.6	86.6	33.2
	46.9 — 60.1	72.6 — 94.0	23.7 — 44.4
Noroeste	45.4	61.9	29.1
	39.9 — 51.1	52.9 — 70.1	23.2 — 35.7
Litoral	53.7	83.5	31.3
	48.3 — 59.0	76.8 — 88.5	24.1 — 39.5
Cuyo	59.3	91.4	41.9
	54.7 — 63.7	85.5 — 95.0	34.7 — 49.4
Patagónica	57.0	85.8	29.9
	51.6 — 62.2	79.8 — 90.2	20.7 — 41.0

7.3 - Percentage of respondents > 15 years old who saw or heard a cigarette advertisement in some form of media in the past 30 days, by sociodemographic variables. GATS Argentina, 2012

	Advertising				
	Stores where cigarettes are sold % (95% CI)	Television % (95% CI)	Radio % (95% CI)	Billboards % (95% CI)	Posters % (95% CI)
Overall	41.9	24.7	8.3	20.6	18.3
	36.3 47.7	20.8 29.0	5.0 13.3	17.8 23.6	15.6 21.3
Gender					
Male	50.0	25.7	7.8	22.9	21.1
	41.5 58.6	19.2 33.6	3.8 15.5	18.8 27.6	17.4 25.5
Female	34.5	23.7	8.6	18.4	15.7
	29.5 39.8	19.5 28.5	4.7 15.4	15.1 22.3	12.0 20.1
Age					
15-24	58.6	29.8	7.3	27.8	20.2
	49.8 66.9	21.4 39.8	2.8 17.8	21.7 34.8	14.6 27.3
25-34	46.9	30.8	10.6	22.6	19.2
	39.6 54.4	20.4 43.7	4.8 21.7	15.1 32.4	14.7 24.6
35-49	37.0	20.7	6.7	22.4	17.7
	30.0 44.7	15.9 26.4	3.8 11.5	15.7 31.1	11.8 25.7
50-64	39.2	21.9	8.7	15.2	20.7
	27.4 52.4	13.8 32.9	3.8 18.9	9.5 23.5	13.2 30.9
65+	16.9	17.7	8.6	10.2	10.5
	11.0 25.1	11.6 26.2	4.4 16.3	5.6 18.0	5.7 18.7
Household Income Level					
$0-3000	35.6	25.6	10.4	16.7	14.5
	29.6 42.1	20.7 31.2	5.8 18.1	12.8 21.5	10.6 19.6
$3001-$7000	47.2	23.4	8.0	22.2	18.7
	39.4 55.2	17.3 30.9	4.9 12.7	17.4 27.9	13.9 24.7
$7001+	44.8	31.3	7.0	14.8	16.0
	30.4 60.2	22.0 42.4	2.3 19.5	8.6 24.3	10.1 24.5
Educational Level					
Incomplete and complete primary	25.1	24.2	9.2	12.1	13.7
	18.7 32.8	17.6 32.5	4.3 18.7	8.6 16.8	9.8 18.8
Incomplete secondary	55.3	31.0	12.6	29.9	22.6
	47.7 62.6	23.1 40.2	5.4 26.5	22.9 38.0	15.4 31.9
Complete secondary	40.7	23.1	4.5	17.4	16.2
	33.2 48.6	16.4 31.5	2.1 9.4	11.8 24.9	10.4 24.5
Incomplete and complete tertiary or university	47.2	20.8	6.3	22.8	20.3
	39.3 55.3	16.3 26.2	2.4 15.2	18.5 27.8	15.3 26.4
Region					
Centro	44.7	26.1	9.0	23.0	20.6
	36.6 52.9	20.5 32.5	4.6 16.8	19.1 27.6	16.7 25.0
Noroeste	32.9	25.7	8.4	21.2	18.6
	28.1 38.1	21.2 30.7	6.5 10.7	17.4 25.6	15.1 22.7
Litoral	37.2	19.9	6.7	9.6	9.5
	32.4 42.2	16.6 23.6	4.8 9.1	7.5 12.3	7.5 12.0
Cuyo	37.6	15.8	2.7	14.7	11.5
	34.3 40.9	12.8 19.2	1.8 4.1	11.8 18.1	8.6 15.3
Patagónica	39.8	26.2	9.4	17.2	14.3
	34.3 45.6	23.1 29.6	7.6 11.6	14.2 20.8	11.5 17.7
Smoking Status					
Non-smoker	40.0	25.3	8.3	19.4	17.8
	34.0 46.4	20.9 30.3	5.0 13.6	16.1 23.2	14.7 21.3
Smoker	48.3	22.5	7.9	24.8	20.0
	41.7 55.0	15.9 30.8	4.4 13.9	17.7 33.5	14.8 26.5

7.3 (cont.) - Percentage of respondents > 15 years old who saw or heard a cigarette advertisement in some form of media in the past 30 days, by sociodemographic variables. GATS Argentina, 2012

	Newspapers or magazines % (95% CI)		Cinemas % (95% CI)		Internet % (95% CI)		Public transportation vehicles or stations % (95% CI)		Bars or restaurants % (95% CI)	
Overall	18.0		2.4		9.5		11.1		8.8	
	14.4	22.1	1.5	4.0	7.0	12.7	8.3	14.7	6.8	11.2
Gender										
Male	17.4		2.9		8.1		12.0		9.0	
	13.0	22.8	1.4	6.1	5.8	11.1	8.5	16.7	6.7	11.9
Female	18.5		2.0		10.8		10.3		8.6	
	14.3	23.7	1.1	3.7	6.7	16.9	6.4	16.3	5.8	12.6
Age										
15-24	18.3		3.3		17.6		14.5		10.7	
	12.6	25.7	1.2	8.5	11.5	26.0	9.7	21.1	7.2	15.5
25-34	15.8		3.6		12.8		10.6		12.8	
	10.8	22.5	1.2	10.4	8.1	19.5	6.3	17.3	7.6	20.9
35-49	15.1		2.4		6.6		8.5		10.7	
	10.7	20.9	1.1	5.3	4.2	10.2	4.1	16.7	6.7	16.7
50-64	22.8		1.7		5.1		15.7		5.8	
	14.8	33.5	0.6	4.7	2.1	11.5	8.1	28.2	2.7	11.9
65+	17.4		0.6		2.0		2.6		1.5	
	9.8	29.2	0.2	1.4	0.7	5.4	1.1	6.1	0.5	4.3
Household Income Level										
$0-3000	18.3		0.6		10.3		11.9		6.1	
	12.2	26.6	0.4	1.0	6.0	17.1	7.8	17.8	4.2	8.7
$3001-$7000	18.4		3.6		10.3		12.5		11.9	
	14.0	23.9	1.6	7.7	6.9	14.9	8.0	19.1	8.1	17.1
$7001+	13.7		4.3		4.4		6.5		8.3	
	8.9	20.6	1.0	16.7	3.0	6.4	3.2	12.6	4.2	15.8
Educational Level										
Incomplete and complete primary	15.6		2.5		2.7		6.0		3.8	
	8.6	26.8	0.7	8.4	1.5	5.0	3.3	10.5	2.2	6.4
Incomplete secondary	16.2		2.1		14.9		17.3		12.5	
	10.7	23.8	0.6	7.4	7.5	27.6	10.1	27.8	8.2	18.7
Complete secondary	22.6		2.8		9.7		14.6		10.5	
	14.7	33.2	1.2	6.6	6.5	14.4	8.2	24.8	5.3	19.8
Incomplete and complete tertiary or university	18.4		2.4		11.1		8.2		9.2	
	14.0	23.9	1.2	4.7	7.9	15.4	5.1	13.1	6.7	12.4
Region										
Centro	19.9		2.9		9.7		13.5		10.1	
	14.8	26.1	1.5	5.4	6.2	14.8	9.5	18.9	7.3	13.8
Noroeste	15.1		1.2		9.5		6.8		5.5	
	12.1	18.6	0.6	2.3	7.3	12.3	4.4	10.3	4.0	7.4
Litoral	12.5		1.2		7.1		5.4		5.3	
	9.9	15.7	0.7	2.1	5.4	9.3	3.1	9.2	3.3	8.3
Cuyo	12.5		0.9		8.2		5.2		7.6	
	9.3	16.5	0.4	2.0	6.2	10.7	3.5	7.7	5.5	10.3
Patagónica	17.4		4.1		14.0		8.1		8.2	
	14.4	20.9	3.0	5.6	11.5	17.0	6.4	10.4	6.3	10.5
Smoking Status										
Non-smoker	20.1		2.5		9.7		11.6		8.8	
	15.7	25.2	1.4	4.2	7.2	12.9	8.5	15.7	6.3	12.0
Smoker	10.6		2.4		8.8		9.3		8.9	
	7.7	14.6	0.6	9.6	5.3	14.5	4.8	17.5	5.4	14.4

7.3 (cont.) - Percentage of respondents > 15 years old who saw or heard a cigarette advertisement in some form of media in the past 30 days, by sociodemographic variables. GATS Argentina, 2012

	Discotheques		Gambling venues		Anywhere else	
	% (95% CI)		% (95% CI)		% (95% CI)	
Overall	4.3		2.7		0.9	
	3.0	6.3	1.7	4.3	0.4	1.9
Gender						
Male	4.6		3.0		0.9	
	2.8	7.6	1.7	5.3	0.3	2.5
Female	4.1		2.4		0.9	
	2.7	6.1	1.3	4.6	0.3	2.6
Age						
15-24	11.0		3.6		2.4	
	6.6	17.7	1.1	11.4	0.8	6.7
25-34	7.0		2.3		0.3	
	4.0	11.9	0.9	5.5	0.1	1.2
35-49	1.0		4.8		1.0	
	0.6	1.8	2.2	10.0	0.3	3.3
50-64	0.5		0.8		0.1	
	0.2	1.2	0.3	1.9	0.0	0.3
65+	0.1		1.3		0.0	
	0.1	0.3	0.2	7.7	0.0	0.0
Household Income Level						
$0-3000	2.4		2.5		0.5	
	1.3	4.3	1.1	5.6	0.1	1.9
$3001-$7000	5.7		3.9		0.5	
	3.5	9.1	2.0	7.5	0.1	2.1
$7001+	2.2		3.0		1.7	
	1.1	4.1	1.0	8.6	0.3	9.5
Educational Level						
Incomplete and complete primary	0.6		1.1		0.3	
	0.4	1.2	0.4	2.7	0.0	1.9
Incomplete secondary	5.1		3.6		1.9	
	2.6	9.6	1.4	8.9	0.7	5.3
Complete secondary	2.6		3.7		1.4	
	1.0	6.3	1.7	7.9	0.3	6.7
Incomplete and complete tertiary or university	8.4		2.7		0.2	
	5.6	12.3	1.1	6.4	0.1	0.5
Region						
Centro	4.8		3.3		1.0	
	2.9	7.9	1.8	5.7	0.3	2.7
Noroeste	2.7		1.0		1.2	
	1.7	4.2	0.5	1.8	0.2	6.1
Litoral	3.2		1.8		0.5	
	2.0	5.1	0.9	3.8	0.2	1.4
Cuyo	4.4		0.8		0.3	
	3.0	6.5	0.4	1.5	0.1	0.9
Patagónica	3.4		3.3		0.8	
	2.4	4.9	2.2	5.0	0.4	1.7
Smoking Status						
Non-smoker	4.3		3.1		1.1	
	2.7	6.7	1.9	5.2	0.5	2.5
Smoker	4.6		1.2		0.1	
	2.6	8.0	0.6	2.6	0.0	0.2

7.4 - Percentage of respondents > 15 years old who noticed cigarette sponsorship or promotion in the past 30 days, by sociodemographic variables. GATS Argentina, 2012

	Sponsorship			Promotion		
	Sporting, music, theatre, art or fashion events	Sporting events	Music, theatre, art or fashion events	Free samples of cigarettes	Cigarettes at sale price	Coupons for cigarettes
	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)	% (95% CI)
Overall	4.9	3.9	1.2	1.2	0.7	1.4
	3.4 7.2	2.5 6.0	0.6 2.3	0.5 2.6	0.4 1.2	0.5 3.7
Gender						
Male	4.9	4.0	1.2	0.9	0.9	0.5
	3.4 7.1	2.7 5.8	0.7 2.3	0.4 1.9	0.4 2.2	0.1 1.8
Female	5.0	3.8	1.2	1.5	0.4	2.3
	2.6 9.2	1.7 8.2	0.4 3.5	0.5 4.5	0.2 0.8	0.7 7.1
Age						
15-24	6.8	4.5	2.8	1.7	1.2	3.0
	4.0 11.4	2.6 7.8	1.0 7.4	0.7 4.0	0.4 3.8	0.6 13.1
25-34	3.3	2.2	1.2	0.9	0.8	0.4
	1.9 5.6	1.2 3.9	0.4 3.3	0.5 1.7	0.4 1.8	0.1 1.4
35-49	4.3	3.6	0.9	0.2	0.3	0.7
	2.5 7.1	2.0 6.2	0.3 2.9	0.1 0.4	0.1 1.2	0.2 2.6
50-64	4.3	3.7	0.6	2.6	0.2	2.1
	2.0 8.8	1.6 8.3	0.2 2.0	0.5 11.5	0.1 0.7	0.3 12.6
65+	6.0	6.0	0.1	0.1	0.7	0.0
	2.2 15.5	2.1 15.5	0.0 0.1	0.0 0.3	0.1 3.3	0.0 0.2
Household Income Level						
$0-3000	4.7	3.2	1.6	0.3	0.4	0.4
	2.7 8.1	1.8 5.8	0.4 5.4	0.2 0.6	0.2 0.9	0.1 1.7
$3001-$7000	4.1	3.3	1.1	1.8	0.7	3.4
	2.6 6.4	2.0 5.4	0.5 2.5	0.4 8.0	0.3 1.7	0.9 11.5
$7001+	8.0	6.6	1.5	1.3	1.4	1.4
	3.2 18.5	2.3 17.7	0.4 5.3	0.4 4.3	0.3 6.8	0.3 6.8
Educational Level						
Incomplete and complete primary	3.6	3.5	0.2	0.3	0.6	0.4
	1.5 8.4	1.4 8.3	0.1 1.0	0.2 0.7	0.2 1.7	0.1 2.3
Incomplete secondary	5.2	3.3	2.0	3.2	1.4	2.6
	2.8 9.6	1.7 6.2	0.5 7.3	1.0 10.1	0.5 4.0	0.6 10.2
Complete secondary	4.6	4.1	1.0	0.2	0.1	2.9
	2.2 9.4	1.8 8.9	0.4 2.9	0.1 0.4	0.0 0.4	0.4 17.0
Incomplete and complete tertiary or university	6.2	4.7	1.6	0.9	0.4	0.3
	4.1 9.3	3.0 7.4	0.8 3.1	0.4 2.0	0.2 0.9	0.1 1.0
Region						
Centro	5.5	4.3	1.4	1.3	0.7	2.1
	3.2 9.1	2.3 7.7	0.6 3.2	0.4 3.8	0.3 1.6	0.8 5.4
Noroeste	2.1	1.6	0.6	0.7	0.5	0.0
	1.4 3.2	0.9 2.5	0.3 1.3	0.4 1.3	0.2 1.1	- -
Litoral	2.8	2.3	0.7	0.5	0.7	0.0
	1.9 4.2	1.5 3.5	0.3 1.5	0.2 1.2	0.3 1.6	0.0 0.2
Cuyo	6.4	5.0	1.8	2.1	0.6	0.2
	4.6 8.8	3.5 7.1	0.9 3.4	1.2 3.9	0.2 1.4	0.1 1.2
Patagónica	6.7	6.1	0.9	1.0	1.0	0.1
	4.7 9.4	4.1 8.8	0.5 1.5	0.5 2.1	0.4 2.3	0.0 0.4
Smoking Status						
Non-smoker	5.2	4.2	1.2	1.4	0.6	1.8
	3.4 7.9	2.6 6.9	0.5 2.6	0.6 3.3	0.3 1.3	0.7 4.7
Smoker	4.0	2.7	1.5	0.6	0.9	0.0
	2.5 6.5	1.5 4.7	0.7 3.1	0.3 1.1	0.4 2.2	0.0 0.1

7.4 (cont.) - Percentage of respondents > 15 years old who noticed cigarette sponsorship or promotion in the past 30 days, by sociodemographic variables. GATS Argentina, 2012

	Promotion		
	Free gifts or special discount offers on other products **%** **(95% CI)**	**Clothing or other items with a cigarette brand name or logo** **%** **(95% CI)**	**Cigarette promotions in the mail** **%** **(95% CI)**
Overall	1.1	8.4	0.6
	0.6 1.8	6.0 11.7	0.2 1.9
Gender			
Male	1.8	11.0	0.3
	0.9 3.3	7.3 16.2	0.1 1.1
Female	0.4	6.1	0.8
	0.2 0.8	3.8 9.5	0.2 3.8
Age			
15-24	1.3	16.9	1.5
	0.5 3.5	8.5 30.8	0.2 8.6
25-34	2.8	6.8	0.8
	1.1 6.9	4.7 9.7	0.3 2.1
35-49	0.6	8.3	0.0
	0.2 1.5	5.2 13.0	0.0 0.1
50-64	0.1	4.2	0.1
	0.1 0.3	1.5 10.6	0.0 0.8
65+	0.4	2.4	0.2
	0.1 2.6	1.1 5.3	0.0 1.6
Household Income Level			
$0-3000	0.5	5.9	1.3
	0.2 1.2	4.1 8.5	0.3 5.8
$3001-$7000	1.7	12.8	0.2
	0.6 4.5	7.3 21.6	0.1 0.5
$7001+	1.4	8.1	0.6
	0.3 6.8	3.6 17.1	0.2 1.7
Educational Level			
Incomplete and complete primary	0.2	3.2	0.0
	0.1 0.4	1.9 5.5	0.0 0.1
Incomplete secondary	1.4	13.2	1.4
	0.5 3.6	6.5 25.0	0.2 8.5
Complete secondary	0.3	7.8	0.1
	0.1 1.2	3.9 15.0	0.0 0.3
Incomplete and complete tertiary or university	2.1	9.7	0.7
	1.1 4.3	6.8 13.7	0.3 1.9
Region			
Centro	1.3	8.7	0.5
	0.7 2.4	5.3 13.9	0.1 3.3
Noroeste	0.5	12.3	1.6
	0.2 1.1	9.2 16.2	0.5 4.7
Litoral	0.5	6.1	0.1
	0.3 0.7	4.2 8.8	0.0 0.6
Cuyo	1.2	3.7	0.5
	0.7 2.1	2.4 5.6	0.1 1.7
Patagónica	0.7	7.4	0.2
	0.4 1.4	5.3 10.2	0.1 0.4
Smoking Status			
Non-smoker	1.0	9.3	0.6
	0.5 2.2	6.3 13.6	0.2 2.4
Smoker	1.2	5.2	0.4
	0.7 2.2	3.5 7.7	0.2 0.9

Knowledge, Attitudes, and Perceptions

Introduction

Knowledge of the population in relation to the damage caused by tobacco is a very important element itself, as shown, for example, by the publication of the first Surgeon General's report in 1964, or to have a higher public support for the policy implementation.

At the same time, understanding attitudes and perceptions that have been deeply and strategically implanted by the tobacco industry is very useful when designing anti-tobacco communication strategies.

In Argentina, the public is somewhat knowledgeable about the harm caused by smoking. According to the GYTS 2007, for example, 55.1% of students aged 13 to 15 years in the country had been taught about the harms caused by smoking, and this figure grown steadily over the years.[1]

This chapter offers an in-depth discussion of public views on the health effects of smoking and related issues. While past research has shown that people are generally aware of the risks of smoking, the survey collected an unprecedented amount of detailed and representative data.

Methodology

The questions in the section on knowledge, attitudes, and perceptions were asked of all respondents. Questions focused on knowledge about the health effects of tobacco use, perceptions of the effects of smokeless tobacco, and opinions about bans on smoking in indoor workplaces, public areas, and gambling halls. Other questions asked about support for increasing taxes on tobacco products and acceptance of a law banning all advertising of tobacco products.

Results

Of the total respondents, 98.3% stated that smoking tobacco causes serious illness and no major differences were detected based on sociodemographic characteristics. The most reported belief was that smoking tobacco causes lung cancer (98.6%). Similarly, 91% said they knew that tobacco use causes heart attacks or infarctions, while 73.6% associated smoking with strokes, and 65% with premature births. There were no differences observed among sociodemographic characteristics as far as knowledge that smoking causes lung cancer and heart attacks or heart ailments (Table 8.1).

When asked whether some types of cigarettes could be less harmful than others or whether they were all equally harmful, 86.6% of the respondents said they were equally harmful and 8.6% responded that some types could be less harmful. In the case of the latter belief, the higher percentages were observed among the youngest segment (14.6%) and regular smokers (14%) (Table 8.2). When asked whether smokeless tobacco use causes serious illness, 40.8% answered yes, and 50.4% did not know (Table 8.3).

A large percentage of those interviewed said they are in favor of the ban on smoking in enclosed places, regulated by the national tobacco control law (92.3%) (Table 8.4).

A very high percentage (74.8%) of respondents were also in favor of raising taxes on tobacco products, although that figure was slightly lower (54.3%) among regular smokers (Table 8.5). Moreover, when asked about their opinion on a law prohibiting advertising of all tobacco products, 81.8% of those interviewed said they would favor such a law, while 73% of regular smokers supported the law.

Discussion

A majority of the population surveyed recognized that smoking tobacco causes serious illness, associating it mostly with lung cancer, heart attack, and stroke. The lack of knowledge regarding the effects of using smokeless tobacco was high.

Respondents were strongly in favor of tobacco control laws in indoor workplaces, public places, and gambling halls. They were also strongly in favor of raising taxes on tobacco products, which should be considered as convincing evidence for having such a measure in Argentina.[2] Significant tax increases is one of the most effective measures for reducing tobacco use and encouraging smokers to quit, especially among young people and low income groups. Studies suggest that a 10% tax increase would reduce tobacco use by approximately 4% in high-income countries and 8% in low- or middle-income countries.[3] Excise taxes, or taxing consumption, are most effective, since they apply exclusively to tobacco and ultimately increase the price of tobacco relative to other products.[4]

In conclusion, this information is very important for focusing communication initiatives on raising awareness of the risks of secondhand smoke in particular. Although support for tobacco control policies is relatively high, mass media campaigns should ensure that this support continues.

Bibliographic references

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2. Konfino J, Ferrante D, Mejía R y col. Impact on cardiovascular disease of the Argentina's tobacco control law. Tobacco Control 2012. On line first.

3. World Health Organization Fact sheet Nº 339 at: www.who.int/mediacentre/factsheets/fs339/en/index.html

4. WHO report on the global tobacco epidemic, 2011: warning about the dangers of Tobacco, Report from Argentina 2011.

Table 8.1 – Percentage of adults > 15 years old who believe that smoking causes serious illness, stroke, heart attack, lung cancer, bladder cancer, stomach cancer, premature birth and osteoporosis by sociodemographic characteristics and smoking status. GATS Argentina, 2012

	Serious illness % (95% CI)		Stroke % (95% CI)		Heart attack % (95% CI)		Lung cancer % (95% CI)	
Overall	98.3		73.6		91.0		98.6	
	97.1	98.9	70.2	76.7	89.1	92.6	98.1	99.0
Gender								
Male	98.3		69.0		89.8		98.5	
	97.3	98.9	62.7	74.6	86.6	92.4	97.6	99.0
Female	98.2		77.7		92.1		98.8	
	96.5	99.1	74.4	80.7	90.1	93.7	97.9	99.3
Age								
15-24	98.0		61.8		86.6		98.4	
	96.6	98.9	54.2	68.8	81.3	90.5	97.2	99.1
25-34	97.5		75.8		88.5		98.4	
	94.8	98.8	69.5	81.2	81.3	93.1	96.6	99.3
35-49	99.2		75.1		91.0		98.9	
	98.6	99.6	67.4	81.4	87.1	93.7	98.1	99.4
50-64	98.3		78.9		97.1		99.4	
	96.3	99.2	71.4	84.8	94.9	98.3	98.5	99.7
65+	98.2		80.7		92.9		97.7	
	96.1	99.1	72.9	86.7	87.6	96.1	95.0	99.0
Household Income Level								
$0-3000	97.0		77.6		89.6		97.5	
	94.6	98.4	73.5	81.2	86.2	92.2	96.1	98.5
$3001-$7000	98.4		72.1		91.9		98.8	
	97.1	99.2	64.0	79.0	88.6	94.2	97.8	99.3
$7001+	98.8		66.8		90.7		99.8	
	96.9	99.5	56.1	75.9	80.9	95.7	99.6	99.9
Educational Level								
Incomplete and complete primary	98.0		76.3		91.8		97.8	
	96.1	99.0	70.3	81.4	89.2	93.9	96.5	98.7
Complete primary	97.2		64.7		91.0		98.5	
	94.4	98.6	56.0	72.5	86.2	94.2	97.3	99.1
Complete secondary	98.5		78.6		89.1		98.5	
	96.8	99.3	71.0	84.6	83.8	92.8	96.2	99.4
Incomplete and completed tertiary or university	99.3		75.1		91.7		99.6	
	97.7	99.8	69.7	79.9	87.3	94.6	99.0	99.9
Region								
Centro	98.5		71.6		91.0		99.1	
	96.6	99.4	66.7	76.1	88.1	93.2	98.4	99.5
Noroeste	97.9		74.4		90.2		96.4	
	96.4	98.7	70.2	78.3	87.7	92.3	93.1	98.1
Litoral	97.4		80.7		91.5		98.3	
	95.6	98.5	77.0	83.9	89.0	93.4	96.5	99.2
Cuyo	98.2		80.4		93.8		98.4	
	97.4	98.8	77.1	83.4	91.3	95.6	97.4	99.0
Patagónica	97.4		73.3		88.3		97.7	
	96.0	98.3	69.4	76.8	84.7	91.1	95.6	98.8
Smoking Status								
No smoker	98.5		74.4		91.1		98.8	
	97.1	99.3	70.1	78.2	88.9	92.8	98.2	99.2
Smoker	97.3		70.6		90.7		97.9	
	95.3	98.5	62.7	77.4	86.6	93.7	96.8	98.7

Table 8.1 (cont.) – Percentage of adults > 15 years old who believe that smoking causes serious illness, stroke, heart attack, lung cancer, bladder cancer, stomach cancer, premature birth and osteoporosis by sociodemographic characteristics and smoking status. GATS Argentina, 2012

	Bladder cancer % (95% CI)		Stomach cancer % (95% CI)		Premature birth % (95% CI)		Osteoporosis % (95% CI)	
Overall	27.6		41.6		65.0		30.2	
	24.6	31.0	38.2	45.0	61.2	68.6	26.8	33.8
Gender								
Male	27.8		38.9		53.9		26.2	
	23.0	33.1	33.4	44.6	48.0	59.8	21.8	31.2
Female	27.5		44.0		75.1		33.8	
	23.9	31.5	40.3	47.8	71.1	78.6	28.8	39.2
Age								
15-24	16.8		32.1		58.5		25.8	
	12.6	21.9	26.1	38.7	50.9	65.7	20.6	31.7
25-34	27.2		39.0		66.7		26.2	
	19.8	36.2	33.1	45.3	60.4	72.3	20.6	32.7
35-49	24.0		39.6		69.2		30.4	
	18.9	30.1	33.0	46.6	62.2	75.3	24.6	37.0
50-64	33.4		45.8		67.5		30.4	
	26.4	41.3	38.6	53.1	57.9	75.8	24.3	37.3
65+	44.5		58.6		63.9		43.1	
	35.9	53.4	50.8	66.0	56.5	70.6	34.4	52.3
Household Income Level								
$0-3000	30.0		45.7		71.0		35.9	
	24.7	35.8	40.6	51.0	65.6	75.9	31.0	41.2
$3001-$7000	26.0		39.4		66.0		30.5	
	21.7	30.9	34.1	45.0	57.8	73.4	24.3	37.4
$7001+	26.0		34.3		54.8		26.8	
	17.1	37.3	27.1	42.3	39.7	69.2	18.4	37.2
Educational Level								
Incomplete and complete primary	34.2		44.7		63.4		31.7	
	28.7	40.2	38.8	50.8	56.0	70.3	25.7	38.4
Complete primary	23.0		40.2		62.8		24.3	
	18.1	28.7	33.2	47.6	52.5	72.2	18.4	31.2
Complete secondary	29.1		43.2		74.7		32.2	
	22.4	36.9	35.9	50.9	68.3	80.2	25.2	40.1
Incomplete and completed tertiary or university	24.5		38.7		61.6		32.5	
	18.9	31.0	33.2	44.5	52.7	69.7	27.8	37.5
Region								
Centro	26.4		38.5		62.1		28.2	
	22.1	31.3	34.0	43.3	56.7	67.2	23.5	33.5
Noroeste	29.5		46.0		68.7		34.1	
	25.0	34.4	41.6	50.5	63.3	73.6	29.0	39.5
Litoral	30.0		50.0		72.8		34.5	
	26.5	33.8	45.3	54.7	67.6	77.4	30.5	38.6
Cuyo	31.6		46.2		72.2		35.2	
	27.1	36.5	41.9	50.5	68.2	75.8	30.9	39.7
Patagónica	29.9		49.0		70.6		33.0	
	26.1	34.0	45.0	52.9	67.7	73.3	28.8	37.6
Smoking Status								
No smoker	27.4		43.3		66.6		31.5	
	23.5	31.7	39.7	46.9	62.1	70.9	27.9	35.3
Smoker	28.5		35.6		59.3		25.7	
	22.3	35.7	30.0	41.6	53.1	65.3	20.1	32.3

Table 8.2 –Percentage of adults > 15 years old who think that some types of cigarettes could be less harmful than other types, or are all equally harmful by sociodemographic characteristics and smoking status. GATS Argentina, 2012

	Could be less harmful % (95% CI)		All equally harmful % (95% CI)		Don't know % (95% CI)	
Overall	8.6		86.6		4.8	
	6.8	10.9	83.8	88.9	3.5	6.6
Gender						
Male	10.7		84.5		4.7	
	8.0	14.2	80.0	88.1	2.8	8.0
Female	6.7		88.4		4.9	
	4.9	9.1	85.3	90.9	3.3	7.2
Age						
15-24	14.6		82.5		2.9	
	10.0	20.9	76.1	87.4	1.7	5.1
25-34	8.3		88.6		3.1	
	5.5	12.5	83.8	92.1	1.8	5.1
35-49	8.0		88.7		3.4	
	5.5	11.5	84.8	91.6	2.1	5.4
50-64	5.3		88.6		6.1	
	3.3	8.4	81.9	93.1	2.7	13.3
65+	4.6		84.4		11.1	
	2.3	9.0	77.3	89.5	6.4	18.5
Household Income Level						
$0-3000	6.8		89.2		3.9	
	4.9	9.5	86.0	91.8	2.8	5.5
$3001-$7000	7.8		88.8		3.4	
	5.5	11.0	85.4	91.5	2.2	5.1
$7001+	13.0		80.5		6.5	
	8.1	20.2	70.1	87.9	2.2	17.6
Educational Level						
Incomplete and complete primary	5.6		86.6		7.7	
	4.0	8.0	82.5	89.9	4.9	11.9
Complete primary	10.3		87.6		2.1	
	6.7	15.3	82.4	91.5	1.2	3.7
Complete secondary	7.6		89.2		3.2	
	4.6	12.1	84.4	92.7	1.7	5.8
Incomplete and completed tertiary or university	10.8		83.7		5.6	
	7.7	15.0	77.9	88.2	3.0	10.1
Region						
Centro	8.6		86.1		5.4	
	6.0	12.0	81.8	89.4	3.5	8.2
Noroeste	8.5		87.7		3.8	
	6.3	11.5	84.4	90.3	2.7	5.4
Litoral	10.5		85.2		4.3	
	8.3	13.3	81.9	87.9	3.1	5.8
Cuyo	6.1		90.9		3.0	
	4.4	8.3	88.3	92.9	2.1	4.3
Patagónica	8.9		88.2		3.0	
	7.1	10.9	86.0	90.1	2.1	4.2
Smoking status						
Non smoker	7.1		87.9		5.0	
	5.2	9.5	84.9	90.4	3.5	7.0
Smoker	14.0		81.7		4.3	
	10.1	19.1	75.7	86.5	2.0	8.7

Table 8.3 - Percentage of adults > 15 years old who believe that using smokeless tobacco causes serious illness by sociodemographic characteristics and smoking status. GATS Argentina, 2012

	Yes % (95% CI)		No % (95% CI)		Don't know % (95% CI)	
Overall	40.8		8.7		50.4	
	37.0	44.8	6.6	11.4	46.3	54.6
Gender						
Male	40.2		7.5		52.3	
	34.7	46.1	5.5	10.2	46.2	58.3
Female	41.4		9.9		48.8	
	36.6	46.3	6.5	14.6	43.8	53.8
Age						
15-24	39.2		8.0		52.8	
	31.6	47.4	5.5	11.5	43.9	61.5
25-34	45.8		11.9		42.3	
	40.0	51.7	8.0	17.3	36.5	48.4
35-49	42.7		8.2		49.1	
	34.8	51.1	5.4	12.3	40.3	57.9
50-64	36.5		9.8		53.8	
	29.4	44.1	4.8	18.8	44.7	62.6
65+	40.6		4.9		54.5	
	30.3	51.8	2.3	10.1	43.1	65.5
Household Income Level						
$0-3000	44.6		8.0		47.5	
	38.1	51.2	5.7	11.1	40.3	54.8
$3001-$7000	40.8		7.0		52.2	
	34.6	47.3	5.2	9.4	45.8	58.5
$7001+	28.5		12.6		58.9	
	19.9	39.0	6.8	22.1	46.0	70.8
Educational Level						
Incomplete and complete primary	41.2		7.7		51.1	
	33.3	49.6	4.7	12.5	42.8	59.3
Complete primary	43.5		6.7		49.8	
	35.9	51.5	4.2	10.5	41.4	58.1
Complete secondary	42.4		9.7		47.9	
	34.4	50.9	4.0	21.4	39.9	56.1
Incomplete and completed tertiary or university	37.1		10.7		52.1	
	33.1	41.4	7.7	14.7	47.8	56.5
Region						
Centro	37.8		9.0		53.2	
	32.4	43.5	6.0	13.2	47.4	59.0
Noroeste	58.9		5.2		35.9	
	53.6	64.0	3.8	7.0	31.2	41.0
Litoral	35.0		13.0		52.0	
	29.8	40.6	10.3	16.2	46.6	57.4
Cuyo	49.2		7.0		43.8	
	44.1	54.3	5.2	9.3	38.8	49.0
Patagónica	44.0		6.3		49.7	
	38.5	49.7	4.7	8.3	44.1	55.3
Smoking status						
Non smoker	42.7		8.4		48.9	
	38.0	47.6	5.9	11.7	43.6	54.2
Smoker	34.0		10.1		55.9	
	28.7	39.8	7.1	14.2	49.2	62.4

Table 8.4 – Percentage of adults > 15 years old who support or oppose the national law that prohibits smoking in all enclosed public places and enclosed workplaces by sociodemographic characteristics and smoking status. GATS Argentina, 2012

	Support % (95% CI)		Oppose % (95% CI)		Don't Know % (95% CI)	
Overall	92.3		5.0		2.7	
	88.9	94.7	3.3	7.6	1.5	5.0
Gender						
Male	91.5		4.1		4.4	
	85.1	95.3	1.9	8.6	2.3	8.0
Female	93.0		5.8		1.3	
	88.9	95.6	3.3	9.8	0.5	3.3
Age						
15-24	90.6		5.8		3.7	
	85.1	94.2	3.1	10.3	1.2	10.6
25-34	91.3		4.5		4.2	
	85.5	94.9	2.1	9.4	1.6	10.8
35-49	96.7		2.1		1.2	
	93.4	98.4	0.8	5.2	0.7	2.1
50-64	89.2		8.7		2.0	
	77.8	95.1	3.4	20.8	0.5	7.4
65+	94.3		3.1		2.6	
	86.1	97.8	1.2	7.6	0.4	13.7
Household Income Level						
$0-3000	94.6		3.4		2.0	
	92.0	96.4	2.1	5.4	1.1	3.7
$3001-$7000	93.4		5.8		0.8	
	88.5	96.3	3.0	10.9	0.5	1.5
$7001+	92.0		0.6		7.5	
	78.5	97.3	0.2	1.4	2.3	21.7
Educational Level						
Incomplete and complete primary	89.9		5.1		5.0	
	82.4	94.4	2.6	10.0	1.7	13.5
Complete primary	93.0		5.8		1.2	
	87.3	96.3	2.7	11.8	0.7	2.1
Complete secondary	93.3		4.8		1.9	
	84.1	97.4	1.3	15.7	0.9	4.0
Incomplete and completed tertiary or university	93.1		4.3		2.5	
	84.8	97.1	2.3	8.2	0.7	8.5
Region						
Centro	90.5		6.4		3.1	
	85.6	93.9	3.9	10.2	1.4	6.6
Noroeste	95.9		2.2		1.8	
	94.3	97.1	1.3	3.7	1.1	2.9
Litoral	94.0		2.6		3.3	
	90.3	96.4	1.5	4.7	1.5	7.0
Cuyo	97.7		1.4		0.9	
	96.6	98.5	0.8	2.4	0.4	1.7
Patagónica	96.8		2.0		1.3	
	95.1	97.9	1.2	3.3	0.7	2.2
Smoking status						
Non smoker	93.9		3.9		2.2	
	90.8	96.0	2.3	6.8	1.1	4.3
Smoker	86.6		8.7		4.7	
	78.1	92.2	4.0	17.8	1.9	11.0

Table 8.5 - Percentage of adults > 15 years old who favor or oppose increasing taxes on tobacco products and proportion of > 15 years old who favor or oppose a law prohibiting all advertisements for tobacco products by sociodemographic characteristics and smoking status. GATS Argentina, 2012

	Increasing taxes		
	Favor % (95% CI)	**Oppose** % (95% CI)	**Don't know** % (95% CI)
Overall	74.8	15.4	9.7
	71.4　　77.9	12.9　　18.4	8.1　　11.7
Female			
Male	73.0	17.0	10.0
	67.1　　78.3	13.0　　21.9	7.7　　12.8
Female	76.4	14.0	9.6
	72.1　　80.3	10.8　　18.0	7.2　　12.5
Age			
15-24	63.6	24.0	12.4
	56.0　　70.7	17.5　　31.9	8.4　　17.8
25-34	73.9	14.2	11.9
	69.1　　78.2	10.5　　18.9	7.5　　18.4
35-49	76.6	11.4	11.9
	69.9　　82.2	8.2　　15.8	8.2　　17.1
50-64	78.1	16.3	5.6
	69.2　　85.0	9.8　　25.9	3.0　　10.2
65+	88.0	6.9	5.1
	82.4　　92.0	4.1　　11.5	3.0　　8.4
Household Income Level			
$0-3000	72.5	15.1	12.4
	67.1　　77.3	12.1　　18.8	9.1　　16.7
$3001-$7000	79.7	14.6	5.7
	74.4　　84.1	10.4　　20.2	4.2　　7.6
$7001+	80.7	7.5	11.8
	73.7　　86.2	5.0　　11.2	6.5　　20.3
Educational Level			
Incomplete and complete primary	79.1	12.3	8.6
	73.8　　83.5	9.0　　16.7	5.8　　12.6
Complete primary	68.6	20.0	11.3
	61.9　　74.6	14.2　　27.5	8.1　　15.7
Complete secondary	81.0	9.9	9.1
	73.8　　86.5	6.3　　15.3	5.6　　14.4
Incomplete and completed tertiary or university	71.9	18.3	9.7
	65.5　　77.6	14.1　　23.5	7.0　　13.4
Region			
Centro	74.6	16.6	8.8
	69.6　　79.0	12.9　　21.0	6.6　　11.7
Noroeste	71.8	12.0	16.2
	67.4　　75.8	9.2　　15.7	12.3　　21.0
Litoral	75.8	13.9	10.3
	72.2　　79.1	11.6　　16.6	7.9　　13.4
Cuyo	79.1	12.2	8.6
	75.8　　82.1	10.0　　14.9	6.4　　11.6
Patagónica	76.6	15.1	8.3
	73.2　　79.6	12.8　　17.9	6.5　　10.6
Smoking Status			
Non smoker	80.7	9.3	10.0
	76.9　　83.9	7.1　　12.2	8.0　　12.5
Smoker	54.3	36.9	8.8
	46.9　　61.5	28.9　　45.8	5.3　　14.1

Table 8.5 (cont.)- Percentage of adults > 15 years old who favor or oppose increasing taxes on tobacco products and proportion of > 15 years old who favor or oppose a law prohibiting all advertisements for tobacco products by sociodemographic characteristics and smoking status. GATS Argentina, 2012

	Prohibiting all advertisements		
	Favor	**Oppose**	**Don't know**
	% **(95% CI)**	**%** **(95% CI)**	**%** **(95% CI)**
Overall	81.8	9.6	8.5
	77.5 85.5	7.3 12.6	6.2 11.7
Female			
Male	79.4	11.6	9.0
	71.9 85.2	7.7 17.1	5.7 14.1
Female	84.1	7.8	8.1
	80.4 87.2	5.6 10.7	6.1 10.7
Age			
15-24	67.4	21.3	11.3
	59.0 74.9	13.7 31.5	7.9 16.0
25-34	85.3	7.7	7.0
	79.3 89.8	4.2 13.7	4.1 11.5
35-49	85.0	7.3	7.7
	79.7 89.1	4.8 11.0	4.6 12.5
50-64	87.7	3.7	8.7
	77.7 93.6	1.9 6.8	4.2 17.1
65+	88.6	4.6	6.8
	81.2 93.3	2.3 8.9	3.2 14.0
Household Income Level			
$0-3000	82.0	9.2	8.8
	77.3 85.9	6.5 13.0	6.6 11.7
$3001-$7000	84.1	10.2	5.7
	75.7 90.0	5.1 19.4	3.9 8.3
$7001+	87.9	5.9	6.1
	80.7 92.7	3.7 9.4	2.1 16.8
Educational Level			
Incomplete and complete primary	85.5	5.6	8.9
	79.2 90.2	3.6 8.8	5.1 15.1
Complete primary	77.1	15.1	7.8
	67.1 84.8	8.3 25.7	5.0 12.1
Complete secondary	84.3	8.9	6.8
	79.0 88.5	5.7 13.9	4.1 10.9
Incomplete and completed tertiary or university	80.7	9.3	10.0
	71.0 87.7	6.6 12.9	4.8 19.7
Region			
Centro	81.9	9.9	8.3
	75.3 87.0	6.6 14.4	5.0 13.3
Noroeste	78.3	11.1	10.5
	73.4 82.5	8.6 14.4	8.0 13.7
Litoral	82.8	8.0	9.2
	79.2 85.9	5.9 10.7	7.0 12.0
Cuyo	84.6	8.3	7.1
	81.2 87.5	6.1 11.1	5.4 9.2
Patagónica	83.5	8.7	7.8
	80.6 86.0	6.9 10.9	6.0 10.2
Smoking Status			
Non smoker	84.4	8.7	7.0
	80.4 87.6	6.1 12.2	5.0 9.5
Smoker	73.0	13.0	14.0
	63.6 80.7	9.0 18.3	9.1 20.9

Chapter 9

Conclusions and Recommendations [1]

The results of GATS Argentina 2012 show a decline in the prevalence of smoking in the country. This decline is closely related to the National Tobacco Control Law enacted in 2011 and to the large number of provincial and municipal initiatives that not only preceded the national law, but also pioneered a change in behavior and reduced acceptance of smoking in Argentina. However, many challenges remain, as 6.1 million adults continue to smoke and almost half the non-smoking population is exposed to secondhand tobacco smoke.

Ratifying the WHO FCTC, to reach international tobacco control standards and ensure proper implementation and enforcement of the provisions in the current National Tobacco Control Law (No. 26.687), through its recently regulation, would be a great step in increasing efforts to address this epidemic. It should be kept in mind that data from GATS Argentina 2012 demonstrates strong support for the National Tobacco Control Law, and a high knowledge about the harmful effects of smoking and secondhand smoke exposure.

Ensuring proper enforcement of the national law would protect the population from secondhand tobacco smoke, especially young people who are heavily exposed, mainly in nightclubs and universities. Also, heavy exposure to tobacco advertising was reported at points of sale—something that should be considered since this exception to the legal ban on advertising is the tobacco industry's main advertising strategy.

Furthermore, it was found that low prices make packs of cigarettes accessible to the entire population. Legislation on tax increases with the resulting raise of the price on packs of cigarettes would have a significant impact on health by reducing cigarette use, encouraging cessation, and discouraging young people from starting smoking. GATS Argentina 2012 data reflects that such action would receive strong popular support. There is sufficient evidence that raising taxes reduces use, and does not reduce taxation revenue.

In conclusion, the country has made considerable headway with tobacco control and results can be seen through GATS Argentina 2012, as well as the absolute reduction of 10% in the prevalence of smoking which is equivalent to 900,000 fewer smokers since 2005. Further strategies to discourage use and protect the population would have an even greater impact on public health in Argentina, preventing innumerable deaths and improving the quality of life of the people.

1. The policy recommendations in this chapter are consistent with the recommendations from the WHO FCTC and MPOWER. These recommendations are views expressed by the Argentina government and are not necessarily those of the U.S. Centers for Disease Control and Prevention (CDC).

Appendix 1

Subnational Legislation

REGION	PROVINCE	LEGISLATION				POPULATION	
		YEAR 1st SANCTION	CURRENT REGULATION	CHARACTERISTICS	EXCEPTIONS	PROVINCE	REGION
CENTRAL	BUENOS AIRES	Nov08	Provincial Law 13,894 and amendment 14381. http://www.gob.gba.gov.ar/legislacion/legislacion/l-13894.html	100% smoke-free legislation regulates: 1) consumption, marketing, publicity, and promotion of tobacco products; 2) prevention, education, and assistance; 3) sanctions; 4) includes transportation as smoke-free spaces.	a) open-air spaces in enclosed places with public access; b) tobacco smoking clubs, for people over eighteen (18) years old and tobacco stores with special sampling areas, if equipped with air purification system and ventilation compliant with regulations; c) mental health centers, criminal detention centers, and penitentiaries.	15625084	25337599
	CABA	Sep05	CABA Law 1799 and amendment No. 3718. http://www.cedom.gov.ar/es/legislacion/normas/leyes/ley3718.html	100% smoke-free legislation regulates consumption, marketing, and publicity, and promotion of tobacco products.	a) open-air spaces in enclosed places with public access; b) specific sampling areas in smoking clubs and tobacco stores; c) persons confined to mental health centers, criminal detention centers, and penitentiaries.	2890151	
	CÓRDOBA	Mar03	Provincial Law 9113, and amendments thereto, in accordance with National Law 26687, pursuant to Provincial Law 10026. http://web2.cba.gov.ar/web/leyes.nsf/fri?OpenForm	Characterizes the province as 100% smoke-free since the law was amendment in December 2012. The national law regulates: 1) consumption, sale, promotion, sponsorship, and distribution; 2) health education; 3) composition of tobacco products.	a) open-air spaces with public access, except health care and educational establishments, but not including universities; b) private indoor workplaces not visited by the public, where no employees are working in the same space; c) tobacco smoking clubs and tobacco stores with special areas approved by the responsible authority.	3308876	

CENTRAL	PAMPA	May 10	Provincial Law 2563 amended by Provincial Law 2701. http://www.lapampa.gov.ar/images/stories/Archivos/Bof/2013/PDF/Bof3036.pdf#page=2	Provincial legislation characterizing the province as 100% smoke-free and prohibiting: 1) smoking in public or private enclosed workplaces; 2) advertising and direct or indirect promotion.	Open areas in spaces with public access, not including health care and educational establishments.	318951
	SANTA FE	Jun05	Provincial Law 12432. http://gobierno.santafe.gov.ar/sin/mitemplate.php?tiponorma=ley&anio_norma=2005&nro_ley=12432&fecha_norma=30/06/2005	Provincial legislation characterizing the province as 100% smoke-free; strictly regulates marketing; prohibits direct or indirect advertising and promotion of tobacco products; involves the Communes in enforcement of the law.	An open place may be designated as a smoking area in all public buildings of the three branches of provincial government.	3194537

PATAGONIA	NEUQUEN	1997	Provincial Law 2572. www.legislaturaneuquen.gov.ar/.../leyesDOC/L002572_0..	100% smoke-free provincial legislation: prohibits smoking and lit cigarettes, and sale to persons under 18; gives municipalities enforcement and sanctioning powers.	No exceptions	274306
	RÍO NEGRO	Jul 05	Provincial Law 4714. http://www.legisrn.gov.ar/LEGISCON/despliegowp.php	100% smoke-free provincial legislation: regulates consumption, marketing, publicity, sponsorship, distribution, and delivery of tobacco and prevention education and assistance.	No exceptions	633374

For Patagonia region total: 1813062

PATAGONIA	CHUBUT	1992	Provincial Law 452. http://www.legischubut2.gov.ar/index.php?option=com_wrapper&view=wrapper&Itemid=205	Adheres to National Law 26687; declares the province to be 100% smoke-free; invites municipalities to adhere to national regulations.	Exceptions under the National Law: a) open-air spaces with public access, except health care and educational establishments, but not including universities; b) private indoor workplaces not visited by the public, where no employees are working in the same space; c) tobacco smoking clubs and tobacco stores with special areas approved by the responsible authority.	506668
	SANTA CRUZ	Apr07	Provincial Law 2964. www.msal.gov.ar/tabaco/.../pdf/.../santa-cruz-ley-2964.pd.	Regulates tobacco promotion and sale, and smoking prevention and prohibition; establishes sanctions and urges municipalities to adhere.	1) Private establishments where people congregate may choose to allow or prohibit smoking; 2) mental health centers; 3) detention and correctional centers, and penitentiaries.	272524
	TIERRA DEL FUEGO	Sep94	Provincial Law 175 and Ushuaia Ordinance Nº 354 (August 2006) and Rio Grande Ordinance No. 2458 (November 2007). http://www.legistdf.gov.ar/lp/BDLeyes/Ley175.pdf, www.concejoriogrande.gov.ar/ordenanzas/.../2458-07.ht.http://www.msal.gov.ar/tabaco/images/stories/institucional/pdf/legislacion/tierra-fuego-ord-ushuaia.pdf	The province is subject to a provincial law and two municipal ordinances that cover all provincial territory. The ordinances prohibit smoking in all public areas and enclosed private areas with public access that require a municipal permit, including public transportation. They do not regulate promotion, publicity, and sponsorship.	Private, enclosed spaces that do not require a municipal permit are not included.	126190

CUYO	MENDOZA	Sep07	Provincial Law Nº 8,382. http://www.legislaturamendoza.gov.ar/?page_id=13	Adherence to the national law in all its terms; 100% smoke-free legislation.	Exceptions under the National Law: a) open-air spaces with public access, except health care and educational establishments, but not including universities; b) private indoor workplaces not visited by the public, where no employees are working in the same space; c) tobacco smoking clubs and tobacco stores with special areas approved by the responsible authority.	1741610
	SAN JUAN	Oct92	Provincial Law 7595. http://www.tulegislatura.com.ar/index.php/sesiones/leyes-sancionadas/item/2252-ley-n-7595	100% smoke-free legislation: regulates the smoking ban inside public buildings and offices, on public transport and in enclosed places visited by the public; deals with prevention and the procedure for setting fines.	Leaves the Executive Branch free to establish exceptions; does not establish a ban at private workplaces or private educational or health facilities.	680427
	SAN LUÍS	Apr04	Provincial Law Nº III-0723-2010. http://www.diputadossanluis.gov.ar/diputadosasp/paginas/NormaDetalle.asp?e=1&DependenciaID=1&NormaTexto=antitabaquismo&NormaTemaID=4&Orden=2&NormaID=790	Regulates tobacco use, marketing, and advertising; regulates sale, promotion, and sponsorship; and calls for education, communication, and public awareness.	Penitentiaries, prisons, police detention sites; does not regulate private workplaces.	431588

COASTAL	CHACO	Nov89	Provincial Law 7055. http://www2.legislaturachaco.gov.ar:8000/legisdev/ResumenDocumento.aspx?docId=L.7055	Regulates tobacco use, sale, marketing and sponsorship; sets out a public education and awareness plan.	Open-air spaces in places where a ban is in force.	520643
	FORMOSA	Jun94	Provincial Law 1574. http://www.legislaturaformosa.gob.ar/?seccion=consultaleyes	Adhesion to the National law in all its terms.	Exceptions under the National Law: a) open-air spaces with public access, except health care and educational establishments, but not including universities; b) private indoor workplaces not visited by the public, where no employees are working in the same space; c) tobacco smoking clubs and tobacco stores with special areas approved by the responsible authority (Ministry of Social Action or any other agency that may legally replace it).	527895
	MISIONES	May99	No provincial law. Posadas Municipal Ordinance 294/99 http://www.posadas.gov.ar/boletin/2013031514482053457ebf.pdf	In the municipality of Posadas, this ordinance regulates the ban on smoking in offices and enclosed places under national, provincial, and municipal jurisdiction, in enclosed places used by the public, and on urban transportation.	Spaces specifically reserved for smokers.	1097829

COASTAL	ENTRE RÍOS	Jul 01	Provincial Law 9862. http://www.msal.gov.ar/tabaco/images/stories/institucional/pdf/legislacion/entrerios-ley.pdf	100% smoke-free legislation regulates: use, including ban on smoking in public and private enclosed places with public access; awareness-raising and dissemination of information; free assistance offered to addicted persons; promotion of research; applicable sanctions.	Patios, terraces, balconies, and open-air spaces. This exception does not apply to: a) health centers or public or private educational establishments at any level; b) public and private residential mental health centers; c) prisons and penitentiaries; d) casinos and gambling halls inspected by the competent provincial authority (*Instituto de Ayuda Financiera a la Acción Social*); e) reception halls, when used exclusively for private events; f) places used exclusively for tobacco sale and sampling.	1236300
	CORRIENTES	Jun04	Provincial Law 5537. www.senadoctes.gov.ar/Leyes-texto/Ley5537.doc	Bans smoking in provincial public offices and buildings, health and educational facilities, conventions, museums, banks, waiting rooms and public transportation; allows smoking areas; requires regulation; no designated enforcement authority; does not regulate marketing, advertising and sponsorship.	Private enclosed spaces with public access are not included.	993338

NORTHWEST	CATAMARCA	Nov96	Provincial Law 5223. http://www.digesto.catamarca.gov.ar/cod/Leyes4/Ley5223/5223.html	Provincial law regulating tobacco marketing, advertising, and use in the entire provincial territory.	a) open-air spaces in enclosed spaces with public access; b) tobacco smoking clubs and tobacco stores with special sampling areas; c) mental health centers and criminal detention centers; d) reception halls, when used for private events.	367820	
	JUJUY	Apr09	Without provincial law. Ordinance of the Municipality of San Salvador of Jujuy N° 5345/2008. http://www.sansalvadordejujuy.gov.ar/sec_gobierno/comer_industria/espacio_sin_humo.php	Regulates use, advertising, and marketing; bans smoking in all enclosed spaces with public access; total ban at health and educational facilities in San Salvador de Jujuy.	a) open-air spaces in enclosed spaces with public access; b) tobacco smoking clubs and tobacco stores with special sampling areas; c) reception halls, when used for private events; d) mental health centers and criminal detention centers.	672260	4933795
	LA RIOJA	Sep03	Provincial Law 7525. http://www.legislrj.gov.ar/amp_ley.php?var1=Ley&var2=7525	Regulates promotion, advertising, and sale of tobacco products. **Does not order** a smoking ban.	No exceptions	331847	
	SALTA	Dec93	Provincial Law 7631. http://www.diputadosalta.gov.ar/leyes/7631.pdf	Regulates use; bans smoking in all publics and private enclosed and semi-enclosed spaces that deal with the public; bans tobacco marketing; plans campaigns to raise awareness of disease.	a) open-air spaces with public access; b) allows the establishment of specific smoking areas in buildings with public access that meet certain requirements.	1215207	

NORTHWEST	SANTIAGO DEL ESTERO	Nov96	Provincial Law 6962. http://www.msal. gov.ar/tabaco/index. php/informacion-para-profesionales/legislacion-vigente/242-mapa-de-legislacion	100% smoke-free legislation; regulates tobacco use, promotion, and advertising; bans smoking in all public and private enclosed spaces with public access; establishes sanctions.	a) open-air spaces in enclosed spaces with public access; b) mental health centers and criminal detention centers; c) tobacco smoking clubs and tobacco stores with special sampling areas; d) reception halls, when used for private events; e) entertainment and/or game rooms authorized by the provincial government.	898461	
	TUCUMÁN	Oct91	Provincial Law 7575. http://rig.tucuman.gov. ar:8001/boletin/docs/ Ley%20N%207575.pdf	100% smoke-free legislation; regulates tobacco use; bans smoking places with public access; restricts advertising; designates the enforcement authority and sanctions.	No exceptions	1448200	

Appendix 2

Fact sheet

GATS | GLOBAL ADULT TOBACCO SURVEY

GATS Objectives

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

GATS is a nationally representative survey, using a consistent and standard protocol across countries including Argentina. GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. It will also assist countries to fulfill their obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO has developed MPOWER, a package of selected demand reduction measures contained in the WHO FCTC:

mpower

Monitor tobacco use & prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion, & sponsorship

Raise taxes on tobacco
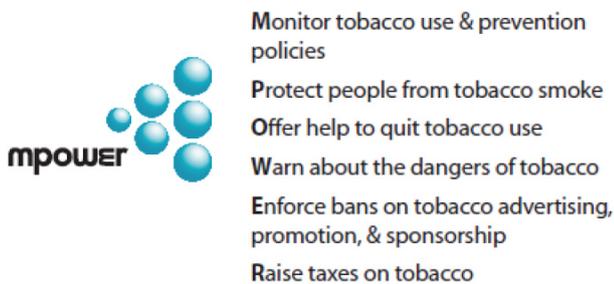
GATS Methodology

GATS uses a global standardized methodology. It includes information on respondents' background characteristics, tobacco use (smoking and smokeless), cessation, secondhand smoke, economics, media, and knowledge, attitudes and perceptions towards tobacco use. In Argentina, as an initiative of the Ministry of Health, GATS was first conducted in 2012 as a household survey of persons 15 years of age and older by National Institute of Statistics and Censuses (INDEC). A multi-stage, geographically clustered sample design was used to produce nationally representative data. A total of 9790 households were sampled and one individual was randomly selected from each participating household to complete the survey. Survey information was collected electronically by using handheld devices. There were a total of 6645 completed individual interviews with an overall response rate of 74,3%.

GATS Highlights

TOBACCO USE

- 29.4% of men, 15.6% of women, and 22.1% overall (6.1 million adults) currently smoked tobacco.
- 0.1% of men, 0,2% of women, and 0.2% overall (42,835 adults) currently used smokeless tobacco.

CESSATION

- 7 in 10 current smokers planned to or were thinking about quitting.
- 5 in 10 current smokers made a quit attempt in the last 12 months

SECONDHAND SMOKE

- 46.8% of non-smokers were exposed to tobacco smoke indoors (10.1 million adults)
- 31.6% of adults who worked indoors (3.4 million adults) were exposed to tobacco smoke at the workplace.
- 33.0% of adults (9.1 million adults) were exposed to tobacco smoke at home.
- 23.2% of adults (2.3 million adults) were exposed to tobacco smoke in restaurants.

MEDIA

- 6 in 10 adults noticed anti-cigarette smoking information on the television or radio.
- 4 in 10 adults noticed cigarette marketing in stores where cigarettes are sold.
- 5 in 10 adults noticed cigarette marketing (other than in stores) or sporting event sponsorship.

KNOWLEDGE, ATTITUDES & PERCEPTIONS

- 98.3% of adults believed smoking causes serious illness.
- 92.6% of adults believed breathing other people's smoke causes serious illness in non smokers.

Pan American Health Organization — Regional Office of the World Health Organization

CDC FOUNDATION

CDC

indec — Instituto Nacional de Estadística y Censos

Ministerio de Salud — Presidencia de la Nación

GATS | GLOBAL ADULT TOBACCO SURVEY

TOBACCO USE

TOBACCO SMOKERS	MEN (%)	WOMEN (%)	OVERALL (%)
Current tobacco smokers	29.4	15.6	22.1
Daily tobacco smokers	21.9	12.7	17.1
Current cigarette smokers[1]	29.0	15.5	21.9
Daily cigarette smokers[1]	21.9	12.7	17.1
Former daily tobacco smokers[2] (among all adults)	15.4	10.1	12.6
Former daily tobacco smokers[2] (among ever daily smokers)	37.5	42.5	39.5
Daily smokers who consume tobacco within half an hour of waking up	26.1	32.3	28.5
Average number of cigarettes smoked per day	13.1	10.9	12.3
SMOKELESS TOBACCO USERS			
Current smokeless tobacco users	0.1	0.2	0.2
TOBACCO USERS (smoked and/or smokeless)			
Current tobacco users	29.6	15.8	22.3

Current cigarette smokers by age group and gender. GATS Argentina 2012
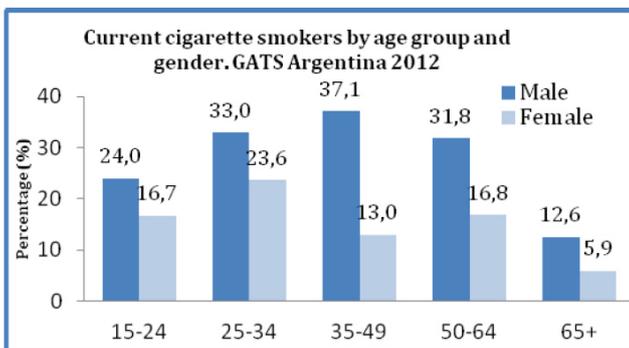
CESSATION

	MEN (%)	WOMEN (%)	OVERALL (%)
Smokers who made a quit attempt in past 12 months[4]	47.9	49.6	48.6
Current smokers who planned to or were thinking about quitting	74.9	71.3	73.6
Smokers advised to quit by a health care provider in past 12 months[4,5]	60.7	60.4	60.5
Current smokers who attempted to quit smoking without assistance in past 12 months	90.6	88.9	89.9

SECONDHAND SMOKE

	MEN (%)	WOMEN (%)	OVERALL (%)
Non smokers exposed to tobacco smoke indoors	53.5	41.7	46.8
Adults exposed to tobacco smoke at the workplace[7,†]	38.5	24.1	31.6
Adults exposed to tobacco smoke at home at least monthly	34.1	31.9	33.0
Adults exposed to tobacco smoke in restaurants[8,†]	28.0	18.6	23.2

ECONOMICS

Average amount spent on 20 manufactured cigarettes [Argentine Pesos]	7.9
Cost of 100 packs of manufactured cigarettes as a percentage of per capita Gross Domestic Product (GDP) [2012][9]	1.5
Percentage of current manufactured cigarette smokers who bought loose cigarettes	7.7

MEDIA

TOBACCO INDUSTRY ADVERTISING	CURRENT SMOKERS (%)	NON-SMOKERS (%)	OVERALL (%)
Adults who noticed cigarette marketing in stores where cigarettes are sold[10,†]	49.3	40.3	42.3
Adults who noticed any cigarette advertisements/ promotions (other than in stores), or sporting event sponsorship[†]	45.8	52.9	51.3

COUNTER ADVERTISING	MEN (%)	WOMEN (%)	OVERALL (%)
Current smokers who thought about quitting because of a warning label[†]	33.9	31.3	32.9

	CURRENT SMOKERS (%)	NON-SMOKERS (%)	OVERALL (%)
Adults who noticed anti-cigarette smoking information on the television or radio[†]	62.5	63.6	63.4

KNOWLEDGE, ATTITUDES & PERCEPTIONS

	CURRENT SMOKERS (%)	NON-SMOKERS (%)	OVERALL (%)
Adults who believed smoking causes serious illness	97.3	98.5	98.3
Adults who believed breathing other peoples' smoke causes serious illness in nonsmokers	89.0	93.6	92.6
Adults who support the national law that prohibits smoking in all enclosed workplaces	86.6	93.9	92.3
Adults who support increasing taxes on tobacco products	54.3	80.7	74.8

[1] Includes manufactured cigarettes and hand-rolled cigarettes. [2] Current non-smokers. [3] Current non-users. [4] Includes current smokers and those who quit in the past 12 months. [5] Among those who visited a health care provider in past 12 months. Includes exposure in at least one of the following places: work, government buildings, healthcare facilities, restaurants, night clubs, universities, schools or public transportation. [7] Among those who work outside of the home who usually work indoors or both indoors and outdoors. [8] Among those who visited restaurants in the past 30 days. [9] Source: International Monetary Fund for year 2012. [10] Includes those who noticed cigarettes at sale prices; free gifts or discount offers on other products when buying cigarettes; or any advertisements or signs promoting cigarettes in stores where cigarettes are sold. [†]During the past 30 days.

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

Global Adult Tobacco Survey (GATS)
Argentina Questionnaire

Full Study

29 February 2012

GATS Questionnaire Formatting Conventions

Text in **RED FONT** = Programming logic and skip instructions.

Text in [BRACKETS] = Specific question instructions for interviewers—not to be read to the respondents.

Text surrounded by *asterisks* = Words that interviewers should emphasize when reading to respondents.

Household Questionnaire

HHARINTRO
[THE HOUSING UNIT RESPONDENT SHOULD BE 18 YEARS OF AGE OR OLDER AND THIS PERSON SHOULD BE ABLE TO PROVIDE GENERAL INFORMATION ABOUT THE MEMBERS OF THE HOUSING UNIT.]

HHARINTRO1
My name is {fill INTERVIEWER'S NAME} and I am an interviewer from the National Institute of Statistics and Censuses (INDEC). Here is my identification badge [SHOW BADGE]. An important national survey of adult tobacco use behavior is being conducted by the National Ministry of Health and INDEC, and your housing unit has been selected to participate. The information that you will provide us will be kept strictly confidential and is protected by law. I first have a few questions about this housing unit.

HHAR1. Do all the people who live in this housing unit share food expenses?

> YES 1
> NO .... 2 [ATTENTION: THERE ARE MULTIPLE HOUSEHOLDS]

HHAR2. In this housing unit, are there any live-in domestic services?

> YES .... 1 [ATTENTION: THERE ARE MULTIPLE HOUSEHOLDS]
> NO 2

HHAR3.   In this housing unit, are there any lodgers?

> YES .... 1 [ATTENTION: THERE ARE MULTIPLE HOUSEHOLDS]
> NO 2

HHARcomp. [IF HHAR1=2 OR HHAR2=1 OR HHAR3=1, GO TO HHAR4. ELSE GO TO INTRO.]

HHAR4.   [DETERMINE THE NUMBER OF HOUSEHOLDS IN THIS HOUSING UNIT.]

> _____ [RANGE = 2 – 5]

> **QxQ:** A household is a person or a group of people, which may be related or unrelated, who make common provision for food. There are three conditions that indicate multiple households within a selected housing unit: 1) people in the housing unit do not share food expenses, 2) there is a live-in domestic service, 3) there is a lodger who rents a room.

HHAR5.   Please tell me the first name of a person in each of the **{fill HHAR4}** households in this housing unit. This will be used as a reference for random selection of one of these households to participate in the survey.

> _____

> **[REPEAT HHAR5 FOR EACH HOUSEHOLD REPORTED IN HHAR4]**

HHAR6.   [THE HOUSEHOLD WITH **{FILL SELECTED NAME}** HAS BEEN SELECTED TO PARTICIPATE IN THE SURVEY.

PROCEED WITH CONDUCTING THE HOUSEHOLD QUESTIONNAIRE WITH AN APPROPRIATE MEMBER OF THE SELECTED HOUSEHOLD.]

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

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

INTRO1.   [REPEAT IF NEEDED:] My name is {fill INTERVIEWER'S NAME} and I am an interviewer from the National Institute of Statistics and Censuses (INDEC). Here is my identification badge [SHOW BADGE]. An important national survey of adult tobacco use behavior is being conducted by the National Ministry of Health and INDEC, and your household has been selected to participate. The information that you will provide us will be kept strictly confidential and is protected by law.

HH1.   First, I'd like to ask you a few questions to find out who in your household is eligible to participate. In total, how many persons live in this household?

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

> **QxQ:** If this household has been selected from multiple households in the selected housing unit, make sure to include only members of this selected household. (These household members should meet the usual residence guidelines.)

HH2. How many of these household members are 15 years of age or older?

☐☐

[IF HH2 = 00 (NO HOUSEHOLD MEMBERS > 15 IN HOUSEHOLD)]

[THERE ARE NO ELIGIBLE HOUSEHOLD MEMBERS.

THANK THE RESPONDENT FOR HIS/HER TIME.

THIS WILL BE RECORDED IN THE RECORD OF CALLS AS A CODE 201.]

HH4. I now would like to collect information about only these persons that live in this household who are 15 years of age or older. Let's start listing them from oldest to youngest.

HH4a. What is the {oldest/next oldest} person's first name? _____

HH4b. What is this person's age?

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

☐☐☐

[IF REPORTED AGE IS 15 THROUGH 17, BIRTH DATE IS ASKED]

HH4c. What is the month of this person's date of birth?

☐☐

HH4cYEAR. What is the year of this person's date of birth?

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

☐☐

HH4d. Is this person male or female?

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

HH4e. Does this person currently smoke tobacco, including cigarettes, cigars, pipes?

YES 1
NO 2
DON'T KNOW 7
REFUSED 9

[REPEAT HH4a – HH4e FOR EACH PERSON REPORTED IN HH2]

HH5. [NAME OF THE SELECTED ELIGIBLE PERSON IS:

{FILL SELECTED HH MEMBER'S FIRST NAME}

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

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

Individual Questionnaire

Section A. Background Characteristics

A00. I am going to first ask you a few questions about your background.

A01. [RECORD GENDER FROM OBSERVATION. ASK IF NECESSARY.]

MALE 1
FEMALE 2

A02a. What is the month of your date of birth?

01 1
02 2
03 3
04 4
05 5
06 6
07 7
08 8
09 9
10 10
11 11
12 12
DON'T KNOW 77
REFUSED 99

A02b. What is the year of your date of birth?

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

[IF MONTH=77/99 OR YEAR=7777/9999, ASK A03. OTHERWISE SKIP TO AAR04a.]

A03. How old are you?
[IF RESPONDENT IS UNSURE, PROBE FOR AN ESTIMATE AND RECORD AN ANSWER.
IF REFUSED, BREAK-OFF AS WE CANNOT CONTINUE INTERVIEW WITHOUT AGE]

A03a. [WAS RESPONSE ESTIMATED?]

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

AAR04a. Do you currently attend or have you attended an educational institution?

[SELECT ONLY ONE CATEGORY]

ATTEND 1
ATTENDED 2
NEVER ATTENDED... 3 **→ SKIP TO A05**
REFUSED.. 9 **→ SKIP TO A05**

AAR04b. What is the highest level of education that you attend or have attended?

KINDERGARTEN 1
PRIMARY.. 2
E.G.B. (Basic general education) 3
SECONDARY 4
POLIMODAL 5
TERTIARY NOT UNIVERSITY 6
COLLEGE/UNIVERSITY....................................... 7
POST GRADUATE... 8
SPECIAL EDUCATION... 9
DON'T KNOW.. 77 **→ SKIP TO A05**
REFUSED.. 99 **→ SKIP TO A05**

AAR04c. Did you complete that level?

YES .... 1 **→ SKIP TO A05**
NO... 2

AAR04d. What was the last grade/year that you passed?

NONE 1
FIRST... 2
SECOND... 3
THIRD 4
FOURTH... 5
FIFTH 6
SIXTH.. 7
SEVENTH 8
EIGHTH.. 9
NINTH 10
DON'T KNOW... 77
REFUSED.. 99

A05. Which of the following best describes your *main* work status over the past 12 months? Government employee, non-government employee, self-employed, student, homemaker, retired, unemployed-able to work, or unemployed-unable to work?

[INCLUDE SUBSISTENCE FARMING AS SELF-EMPLOYED]

GOVERNMENT EMPLOYEE 1
NON-GOVERNMENT EMPLOYEE... 2
SELF-EMPLOYED... 3
STUDENT 4
HOMEMAKER 5
RETIRED/PENSIONER 6
UNEMPLOYED, ABLE TO WORK 7
UNEMPLOYED, UNABLE TO WORK 8
DON'T KNOW... 77
REFUSED... 99

A05a. **[IF A05=1 OR 2]**

Was your work part of a social employment program?

YES 1
NO... 2
DON'T KNOW... 77
REFUSED... 99

A05b. **[IF A05=3]**

Would you say you were an employer, self-employed without investment or facility, self-employed with investment or facility, or a member of a production cooperative?

EMPLOYER.. 1
WITHOUT INVESTMENT/FACILITY.. 2
WITH INVESTMENT/FACILITY.. 3
PRODUCTION COOPERATIVE... 4
DON'T KNOW... 77
REFUSED... 99

A05c. **[IF A05=7]**

Would you say you were seeking a job or not seeking a job?

SEEKING A JOB.. 1
NOT SEEKING A JOB 2
DON'T KNOW... 77
REFUSED... 99

A06. Please tell me whether this household or any person who lives in the household has the following items:

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Electricity?	1	2	7	9
b. Flush toilet?	1	2	7	9
c. Fixed telephone?	1	2	7	9
d. Cell telephone?	1	2	7	9
e. Television?	1	2	7	9
f. AM/FM radio?	1	2	7	9
g. Refrigerator?	1	2	7	9
h. Car?	1	2	7	9
i. Moped/scooter/motorcycle?	1	2	7	9
j. Washing machine?	1	2	7	9

AAR07. Are you currently a member of...

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. a health maintenance organization (by trade union) (including PAMI)?	1	2	7	9
b. a health insurance company or a medical care fund?	1	2	7	9
c. the state health care system?	1	2	7	9
d. an emergency medical service?	1	2	7	9

AAR08a. What is the total monthly income of this household? Include income from work, retirement pension, rent profits, unemployment insurance, education grants, food maintenance grants, etc.

[IF DON'T KNOW, ENTER 777777
IF REFUSED, ENTER 999999]

[IF AAR08a = 777777 or 999999, ASK AAR08b]

AAR08b. Could you please indicate the range which corresponds to the household total monthly income? Include income from work, retirement pension, rent profits, unemployment insurance, education grants, food maintenance grants, etc.

[USE SHOWCARD]

1-600	1
601-800	2
801-1,000	3
1,001-1,500	4
1,501-2,000	5
2,001-2,500	6
2,501-3,000	7
3,001-3,500	8
3,501-4,000	9
4,001-4,500	10
4,501-5,000	11
5,001-6,000	12
6,001-7,000	13
7,001-8,000	14
8,001-10,000	15
10,001-15,000	16
MORE THAN 15,000	17
DON'T KNOW	77
REFUSED	99

Section B. Tobacco Smoking

B00. I would now like to ask you some questions about *smoking* tobacco, including cigarettes, cigars, pipes.

Please do not answer about smokeless tobacco at this time.

B01. Do you *currently* smoke tobacco on a daily basis, less than daily, or not at all?

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

B02. Have you smoked tobacco daily in the past?

YES .... 1 **→ GO TO BAR03**
NO .... 2 **→ GO TO BAR03**
DON'T KNOW .... 7 **→ GO TO BAR03**
REFUSED .... 9 **→ GO TO BAR03**

B03. In the *past*, have you smoked tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST, CHECK "DAILY"]

DAILY.................................... 1 **→ GO TO BAR03**
LESS THAN DAILY................ 2 **→ GO TO BAR03**
NOT AT ALL......................... 3 **→ SKIP TO NEXT SECTION**
DON'T KNOW....................... 7 **→ SKIP TO NEXT SECTION**
REFUSED.............................. 9 **→ SKIP TO NEXT SECTION**

BAR03. Have you smoked at least 100 cigarettes in your entire life?

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

IF B02 = 1, GO TO B08
IF B02 = 2, 7, OR 9, GO TO B10
IF B03 = 1, GO TO B11
IF B03 = 2, GO TO B13a

CURRENT DAILY SMOKERS]

B04. How old were you when you first started smoking tobacco *daily*?

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

[IF B04 = 99, ASK B05. OTHERWISE SKIP TO B06.]

B05. How many years ago did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

B06. On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.

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

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

a. Manufactured cigarettes?				*PER DAY*
a1. **[IF B06a=888]** On average, how many manufactured cigarettes do you currently smoke each week?				*PER WEEK*
b. Hand-rolled cigarettes?				*PER DAY*
b1. **[IF B06b=888]** On average, how many hand-rolled cigarettes do you currently smoke each week?				*PER WEEK*
d. Pipes full of tobacco?				*PER DAY*
d1. **[IF B06d=888]** On average, how many pipes full of tobacco do you currently smoke each week?				*PER WEEK*
e. Cigars?				*PER DAY*

e1. **[IF B06e=888]** On average, how many cigars you currently smoke each week?				*PER WEEK*
f. Number of water pipe sessions per day?				*PER DAY*
f1. **[IF B06f=888]** On average, how many water pipe sessions do you currently participate in each week?				*PER WEEK*
g. Any others? (→ g1. Please specify the other type you currently smoke each day:_____)				*PER DAY*
g2. **[IF B06g=888]** On average, how many [FILL PRODUCT] do you currently smoke each week?				*PER WEEK*

B07. How soon after you wake up do you usually have your first smoke? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

WITHIN 5 MINUTES 1
6 TO 30 MINUTES 2
31 TO 60 MINUTES 3
MORE THAN 60 MINUTES 4
REFUSED 9

[SKIP TO NEXT SECTION]

[CURRENT LESS THAN DAILY SMOKERS]

B08. How old were you when you first started smoking tobacco *daily*?

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

[IF B08 = 99, ASK B09. OTHERWISE SKIP TO B10.]

B09. How many years ago did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

B10. How many of the following do you currently smoke during a usual week?

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

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

a. Manufactured cigarettes?				*PER WEEK*
b. Hand-rolled cigarettes?				*PER WEEK*
d. Pipes full of tobacco?				*PER WEEK*
e. Cigars?				*PER WEEK*
f. Number of water pipe sessions per week?				*PER WEEK*
g. Any others?				*PER WEEK*

→ g1. Please specify the other type you currently smoke during a usual week:

[SKIP TO NEXT SECTION]

[FORMER SMOKERS]

B11.   How old were you when you first started smoking tobacco *daily*?

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

[IF B11 = 99, ASK B12. OTHERWISE SKIP TO B13a.]

B12.   How many years ago did you first start smoking tobacco *daily*?

[IF REFUSED, ENTER 99]

B13a.   How long has it been since you stopped smoking?

[ONLY INTERESTED IN WHEN RESPONDENT STOPPED SMOKING REGULARLY ⮕ DO NOT INCLUDE RARE INSTANCES OF SMOKING

ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

YEARS.................................... 1
MONTHS 2
WEEKS.................................. 3
DAYS 4
LESS THAN 1 DAY................ 5 **→ SKIP TO B14**
DON'T KNOW....................... 7 **→ SKIP TO NEXT SECTION**
REFUSED............................... 9 **→ SKIP TO NEXT SECTION**

B13b.   [ENTER NUMBER OF (YEARS/MONTHS/WEEKS/DAYS)]

[IF B13a/b < 1 YEAR (< 12 MONTHS), THEN CONTINUE WITH B14. OTHERWISE SKIP TO NEXT SECTION.]

B14.   Have you visited a doctor or other health care provider in the past 12 months?

YES 1
NO......................... 2 **→ SKIP TO B18**
REFUSED................ 9 **→ SKIP TO B18**

B15.   How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2................... 1
3 TO 5 2
6 OR MORE........... 3
REFUSED................ 9

B16. During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

YES 1
NO......................... 2 → **SKIP TO B18**
REFUSED................ 9 → **SKIP TO B18**

B17. During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

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

B18. During the past 12 months, did you use any of the following to try to stop smoking tobacco?

	YES ▼	NO ▼	REFUSED ▼
a. Counseling, including at a clinic to stop smoking?	1	2	9
b. Nicotine replacement therapy, such as the patch or gum?	1	2	9
c. Other prescription medications, for example Bupropion, Odranal, Varenicline, Champix?	1	2	9
d. Alternative treatrments, for example laser, acupuncture, homeopathy?	1	2	9
e. A quit line or a smoking telephone support line?	1	2	9
f. Replace smoking with smokeless tobacco?	1	2	9
g. Quit without assistance?	1	2	9
h. Anything else?	1	2	9

→ h1. Please specify what you used to try to stop smoking:

_____

Section C. Smokeless Tobacco

C00. The next questions are about using smokeless tobacco, such as chewing tobacco. Smokeless tobacco is tobacco that is not smoked, but is sniffed through the nose, held in the mouth, or chewed.

C01. Do you *currently* use smokeless tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT DOES NOT KNOW WHAT SMOKELESS TOBACCO IS, READ THE FOLLOWING DEFINITION: SMOKELESS TOBACCO IS TOBACCO THAT IS NOT SMOKED, BUT SNIFFED THROUGH THE NOSE, HELD IN THE MOUTH, OR CHEWED]]

DAILY.................................... 1 → **SKIP TO C06**
LESS THAN DAILY................. 2
NOT AT ALL.......................... 3 → **SKIP TO C03**
DON'T KNOW....................... 7 → **SKIP TO NEXT SECTION**
REFUSED.............................. 9 → **SKIP TO NEXT SECTION**

C02. Have you used smokeless tobacco daily in the past?

YES .... 1 → **SKIP TO C19**
NO... 2 → **SKIP TO C19**
DON'T KNOW....................... 7 → **SKIP TO C19**
REFUSED.............................. 9 → **SKIP TO C19**

C03. In the *past*, have you used smokeless tobacco on a daily basis, less than daily, or not at all?

[IF RESPONDENT HAS DONE BOTH "DAILY" AND "LESS THAN DAILY" IN THE PAST,
CHECK "DAILY"]

DAILY.................................... 1 → **SKIP TO NEXT SECTION**
LESS THAN DAILY................. 2 → **SKIP TO NEXT SECTION**
NOT AT ALL.......................... 3 → **SKIP TO NEXT SECTION**
DON'T KNOW....................... 7 → **SKIP TO NEXT SECTION**
REFUSED.............................. 9 → **SKIP TO NEXT SECTION**

[CURRENT DAILY SMOKELESS TOBACCO USERS]

C06. On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.

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

c. Chewing tobacco?				*PER DAY*
c1. **[IF C06c=888]** On average, how many times a week do you currently use chewing tobacco?				*PER WEEK*
e. Any others? (→ e1. Please specify the other type you currently use each day:_____)				*PER DAY*
e2. **[IF C06e=888]** On average, how many times a week do you currently use [FILL PRODUCT]?				*PER WEEK*

[SKIP TO NEXT SECTION]

C19.   **[ADMINISTER IF B01=2 AND C01=2. ELSE GO TO NEXT SECTION.]**

You mentioned that you smoke tobacco, but not every day and that you also use smokeless tobacco, but not every day. Thinking about both smoking tobacco and using smokeless tobacco, would you say you use tobacco on a daily basis or less than daily?

DAILY.................................... 1
LESS THAN DAILY................. 2
REFUSED.............................. 9

Section D1. Cessation - Tobacco Smoking

IF B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES TOBACCO), CONTINUE WITH THIS SECTION.

IF B01 = 3, 7, OR 9 (RESPONDENT DOES NOT CURRENTLY SMOKE TOBACCO), SKIP TO NEXT SECTION.

D01.   The next questions ask about any attempts to stop smoking that you might have made during the past 12 months. Please think about tobacco smoking.

During the past 12 months, have you tried to stop smoking?

YES 1
NO......................... 2 **→ SKIP TO D04**
REFUSED................ 9 **→ SKIP TO D04**

D02a.   Thinking about the last time you tried to quit, how long did you stop smoking?

[ENTER UNIT ON THIS SCREEN AND NUMBER ON NEXT SCREEN]

MONTHS 1
WEEKS 2
DAYS 3
LESS THAN 1 DAY (24 HOURS) .... 4 **→ SKIP TO D03**
DON'T KNOW... 7 **→ SKIP TO D03**
REFUSED... 9 **→ SKIP TO D03**

D02b.   [ENTER NUMBER OF (MONTHS/WEEKS/DAYS)]

D03.   During the past 12 months, did you use any of the following to try to stop smoking tobacco?

	YES ▼	NO ▼	REFUSED ▼
a. Counseling, including at a clinic to stop smoking?	1	2	9
b. Nicotine replacement therapy, such as the patch or gum?	1	2	9
c. Other prescription medications, for example Bupropion, Odranal, Varenicline, Champix?	1	2	9
d. Alternative treatrments, for example laser, acupuncture, homeopathy?	1	2	9
e. A quit line or a smoking telephone support line?	1	2	9
f. Replace smoking with smokeless tobacco?	1	2	9
g. Quit without assistance?	1	2	9
h. Anything else?	1	2	9

→ h1. Please specify what you used to try to stop smoking:

_____

D04. Have you visited a doctor or other health care provider in the past 12 months?

YES 1
NO......................... 2 → **SKIP TO D08**
REFUSED................ 9 → **SKIP TO D08**

D05. How many times did you visit a doctor or health care provider in the past 12 months? Would you say 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2................... 1
3 TO 5 2
6 OR MORE........... 3
REFUSED................ 9

D06. During any visit to a doctor or health care provider in the past 12 months, were you asked if you smoke tobacco?

YES 1
NO......................... 2 → **SKIP TO D08**
REFUSED................ 9 → **SKIP TO D08**

D07. During any visit to a doctor or health care provider in the past 12 months, were you advised to quit smoking tobacco?

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

D08. Which of the following best describes your thinking about quitting smoking? I am planning to quit within the next month, I am thinking about quitting within the next 12 months, I will quit someday but not within the next 12 months, or I am not interested in quitting?

QUIT WITHIN THE NEXT MONTH... 1
THINKING WITHIN THE NEXT 12 MONTHS........................... 2
QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS. 3
NOT INTERESTED IN QUITTING... 4
DON'T KNOW.. 7
REFUSED... 9

Section E. Secondhand Smoke

E01. I would now like to ask you a few questions about smoking in various places.

Which of the following best describes the rules about smoking inside of your home: Smoking is allowed inside of your home, smoking is generally not allowed inside of your home but there are exceptions, smoking is never allowed inside of your home, or there are no rules about smoking in your home?

ALLOWED 1
NOT ALLOWED, BUT EXCEPTIONS....................... 2
NEVER ALLOWED .... 3 **→ SKIP TO E04**
NO RULES.. 4 **→ SKIP TO E03**
DON'T KNOW... 7 **→ SKIP TO E03**
REFUSED.. 9 **→ SKIP TO E03**

E02. Inside your home, is smoking allowed in every room?

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

E03. How often does *anyone* smoke inside your home? Would you say daily, weekly, monthly, less than monthly, or never?

DAILY.. 1
WEEKLY 2
MONTHLY..................................... 3
LESS THAN MONTHLY................. 4
NEVER 5
DON'T KNOW............................... 7
REFUSED....................................... 9

E04. Do you currently work outside of your home?

YES 1
NO/DON'T WORK......................... 2 **→ SKIP TO E09**
REFUSED...................................... 9 **→ SKIP TO E09**

E05. Do you usually work indoors or outdoors?

INDOORS...................... 1 **→ SKIP TO E07**
OUTDOORS................... 2
BOTH .... 3 **→ SKIP TO E07**
REFUSED...................... 9

E06.   Are there any indoor areas at your work place?

YES 1
NO................................ 2 **→ SKIP TO E09**
DON'T KNOW.............. 7 **→ SKIP TO E09**
REFUSED...................... 9 **→ SKIP TO E09**

E07.   Which of the following best describes the indoor smoking policy where you work: Smoking is allowed anywhere, smoking is allowed only in some indoor areas, smoking is not allowed in any indoor areas, or there is no policy?

ALLOWED ANYWHERE... 1
ALLOWED ONLY IN SOME INDOOR AREAS....................... 2
NOT ALLOWED IN ANY INDOOR AREAS........................... 3
THERE IS NO POLICY... 4
DON'T KNOW.. 7
REFUSED... 9

E08.   During the past 30 days, did anyone smoke in indoor areas where you work?

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

E09.   During the past 30 days, did you visit any government buildings or government offices?

YES 1
NO................................ 2 **→ SKIP TO E11**
DON'T KNOW.............. 7 **→ SKIP TO E11**
REFUSED...................... 9 **→ SKIP TO E11**

E10.   Did anyone smoke inside of any government buildings or government offices that you visited in the past 30 days?

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

E11.   During the past 30 days, did you visit any health care facilities, such as a hospital, a health center, a doctor's office?

YES 1
NO................................ 2 **→ SKIP TO E13**
DON'T KNOW.............. 7 **→ SKIP TO E13**
REFUSED...................... 9 **→ SKIP TO E13**

E12.　Did anyone smoke inside of any health care facilities that you visited in the past 30 days?

　　YES 1
　　NO 2
　　DON'T KNOW 7
　　REFUSED 9

E13.　During the past 30 days, did you visit any restaurants?

　　YES 1
　　NO .... 2 **→ SKIP TO E25**
　　DON'T KNOW .... 7 **→ SKIP TO E25**
　　REFUSED .... 9 **→ SKIP TO E25**

E14.　Did anyone smoke inside of any restaurants that you visited in the past 30 days?

　　YES 1
　　NO 2
　　DON'T KNOW 7
　　REFUSED 9

E25.　During the past 30 days, did you visit any night clubs?

　　YES 1
　　NO .... 2 **→ SKIP TO E15**
　　DON'T KNOW .... 7 **→ SKIP TO E15**
　　REFUSED .... 9 **→ SKIP TO E15**

E26.　Did anyone smoke inside of any night clubs that you visited in the past 30 days?

　　YES 1
　　NO 2
　　DON'T KNOW 7
　　REFUSED 9

E15.　During the past 30 days, did you use any public transportation?

　　YES 1
　　NO .... 2 **→ SKIP TO E21**
　　DON'T KNOW .... 7 **→ SKIP TO E21**
　　REFUSED .... 9 **→ SKIP TO E21**

E16.　Did anyone smoke inside of any public transportation that you used in the past 30 days?

　　YES 1
　　NO 2
　　DON'T KNOW 7
　　REFUSED 9

E21. During the past 30 days, have you been to any universities?

YES 1
NO................................ 2 → **SKIP TO E19**
DON'T KNOW.............. 7 → **SKIP TO E19**
REFUSED...................... 9 → **SKIP TO E19**

E22. Did anyone smoke inside of any universities that you were in, in the past 30 days?

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

E19. During the past 30 days, have you been to any other schools or educational facilities?

YES 1
NO................................ 2 → **SKIP TO E17**
DON'T KNOW.............. 7 → **SKIP TO E17**
REFUSED...................... 9 → **SKIP TO E17**

E20. Did anyone smoke inside of any schools or educational facilities that you were in, in the past 30 days?

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

E17. Based on what you know or believe, does breathing other people's smoke cause serious illness in non-smokers?

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

Section F. Economics - Manufactured Cigarettes

IF [B01 = 1 OR 2 (RESPONDENT CURRENTLY SMOKES DAILY OR LESS THAN DAILY)]

AND [(B06a OR B10a) > 0 AND <= 888 (RESPONDENT SMOKES MANUFACTURED CIGARETTES)], THEN CONTINUE WITH THIS SECTION.

OTHERWISE, SKIP TO NEXT SECTION.

F01a. The next few questions are about the last time you purchased cigarettes for yourself to smoke.

The last time you bought cigarettes for yourself, did you buy loose cigarettes, packs, cartons, or something else?

CIGARETTES 1
PACKS 2
CARTONS 3
OTHER (SPECIFY) .... 4 **→** F01c. [SPECIFY THE UNIT]:_____
NEVER BOUGHT CIGARETTES .... 5 **→ SKIP TO NEXT SECTION**
REFUSED .... 9 **→ SKIP TO F03**

F01b. The last time you bought cigarettes for yourself, how many [cigarettes/packs/cartons/{FILL F01c}] did you buy?

[IF F01a=CIGARETTES, GO TO F02]
[IF F01a=PACKS, GO TO F01dPack]
[IF F01a=CARTONS, GO TO F01dCart]
[IF F01a=OTHER, GO TO F01dOther]

F01dPack. Did each pack contain 10 cigarettes, 20 cigarettes, or another amount?

10 1
20 2
OTHER AMOUNT .... 7 **→** F01dPackA. How many cigarettes were in each pack?
REFUSED 9

[GO TO F02]

F01dCart. Did each carton contain 100 cigarettes, 200 cigarettes, or another amount?

100 1
200 2
OTHER AMOUNT .... 7 **→** F01dCartA. How many cigarettes were in each carton?
REFUSED 9

[GO TO F02]

F01dOther. How many cigarettes were in each {FILL F01c}?

F02.   In total, how much money did you pay for this purchase?

[IF DON'T KNOW OR REFUSED, ENTER 999]

[_____] **[RANGE: 0.1 – 200]**

F03.   What brand did you buy the last time you purchased cigarettes for yourself?

CAMEL 1
PHILLIP MORRIS 2
JOCKEY 3
MARLBORO 4
LUCKY STRIKE 5
VICEROY 6
DERBY 7
PARISIENNES 8
NEXT 9
OTHER .... 10 → F03a. [SPECIFY BRAND]:_____
REFUSED 99

F04.   The last time you purchased cigarettes for yourself, where did you buy them?

GROCERY STORE 1
SUPERMARKET 2
STREET VENDOR 3
GAS STATION 4
KIOSK 5
OUTSIDE THE COUNTRY 6
INTERNET 7
TAVERN, BAR OR RESTAURANT 8
VENDING MACHINE 9
OTHER .... 10 → F04a. [SPECIFY LOCATION]:_____
DON'T REMEMBER 77
REFUSED 99

F06.   Were these cigarettes labeled as light, mild, or low tar?

YES 1
NO 2
DON'T KNOW 7
REFUSED 9

FAR07. Were these cigarettes flavored, such as menthol cigarettes?

YES 1
NO 2
DON'T KNOW 7
REFUSED 9

Section G. Media

G01intro. The next few questions ask about your exposure to the media and advertisements in the last 30 days.

G01. In the last 30 days, have you seen or heard *information* about the dangers of smoking cigarettes or that encourages quitting in any of the following places?

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. In newspapers or in magazines?	1	2	7	9
b. On television?	1	2	7	9
c. On the radio?	1	2	7	9
d. On billboards?	1	2	7	9
e. On the Internet?	1	2	7	9
f. Somewhere else?	1	2	7	9

→ f1. Please specify where: _____

G02. In the last 30 days, did you see any phrases about the risks of smoking on cigarette packages?

YES 1
NO... 2 → **SKIP TO G04**
DID NOT SEE ANY CIGARETTE PACKAGES .... 3 → **SKIP TO G04**
REFUSED... 9 → **SKIP TO G04**

G03. **[ADMINISTER IF B01 = 1 OR 2. ELSE GO TO G04]**

In the last 30 days, have the phrases on cigarette packages led you to think about quitting?

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

G04. In the last 30 days, have you seen or heard any *advertisements or signs promoting* cigarettes in the following places?

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. In stores where cigarettes are sold?	1	2	7	9
b. On television?	1	2	7	9
c. On the radio?	1	2	7	9
d. On billboards?	1	2	7	9
e. On posters?	1	2	7	9
f. In newspapers or magazines?	1	2	7	9
g. In cinemas?	1	2	7	9
h. On the internet?	1	2	7	9
i. On public transportation vehicles or stations?	1	2	7	9
j. In bars or restaurants?	1	2	7	9
k. In discotheques?	1	2	7	9
l. In gambling venues?	1	2	7	9
m. Anywhere else?	1	2	7	9

→ m1. Please specify where: _____

G05. In the last 30 days, have you noticed any sport or sporting event that is associated with cigarette brands or cigarette companies?

YES 1
NO 2
DON'T KNOW 7
REFUSED 9

G05a. In the last 30 days, have you noticed any music, theatre, art, or fashion events that are associated with cigarette brands or cigarette companies?

YES 1
NO 2
DON'T KNOW 7
REFUSED 9

G06. In the last 30 days, have you noticed any of the following types of cigarette promotions?

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Free samples of cigarettes?	1	2	7	9
b. Cigarettes at sale prices?	1	2	7	9
c. Coupons for cigarettes?	1	2	7	9
d. Free gifts or special discount offers on other products when buying cigarettes?	1	2	7	9
e. Clothing or other items with a cigarette brand name or logo?	1	2	7	9
f. Cigarette promotions in the mail?	1	2	7	9

Section H. Knowledge, Attitudes & Perceptions

H01.   The next question is asking about *smoking* tobacco.

Based on what you know or believe, does smoking tobacco cause serious illness?

YES 1
NO 2
DON'T KNOW 7
REFUSED 9

H02.   Based on what you know or believe, does smoking tobacco cause the following...

	YES ▼	NO ▼	DON'T KNOW ▼	REFUSED ▼
a. Stroke (blood clots in the brain that may cause paralysis)?	1	2	7	9
b. Heart attack?	1	2	7	9
c. Lung cancer?	1	2	7	9
d. Bladder cancer?	1	2	7	9
e. Stomach cancer?	1	2	7	9
f. Premature birth?	1	2	7	9
g. Bone loss / Osteoporosis?	1	2	7	9

H02_2.   Do you think that some types of cigarettes *could* be less harmful than other types, or are all cigarettes equally harmful?

COULD BE LESS HARMFUL 1
ALL EQUALLY HARMFUL 2
DON'T KNOW 7
REFUSED 9

H03.   Based on what you know or believe, does using *smokeless tobacco* cause serious illness?

YES 1
NO 2
DON'T KNOW 7
REFUSED 9

HAR04a.   Do you support or oppose the new national law that prohibits smoking in all enclosed public places and enclosed workplaces?

SUPPORT 1
OPPOSE 2
DON'T KNOW 7
REFUSED 9

HAR04b. Do you support or oppose the part of the new national law that prohibits smoking inside gambling venues?

SUPPORT 1
OPPOSE 2
DON'T KNOW........... 7
REFUSED.................. 9

H05. Would you favor or oppose increasing taxes on tobacco products?

FAVOR 1
OPPOSE 2
DON'T KNOW........ 7
REFUSED............... 9

H06. Would you favor or oppose a law prohibiting all advertisements for tobacco products?

FAVOR 1
OPPOSE 2
DON'T KNOW........ 7
REFUSED............... 9

End Individual Questionnaire

I00. Those are all of the questions I have. Thank you very much for partcipating in this important survey.

I02. [RECORD ANY NOTES ABOUT INTERVIEW:]

_____

_____

_____

_____

_____

Appendix 4

Sampling Errors

Table A-1: List of Indicators for Sampling Errors, GATS Argentina, 2012

Indicator	Estimate	Base Population
Current Tobacco Users	Proportion	Adults × 15 years old
Current Tobacco Smokers	Proportion	Adults × 15 years old
Current Cigarette Smokers	Proportion	Adults × 15 years old
Current Users of Smokeless Tobacco	Proportion	Adults × 15 years old
Daily Tobacco Smoker	Proportion	Adults × 15 years old
Daily Cigarette Smokers	Proportion	Adults × 15 years old
Former Daily Tobacco Smokers Among All Adults	Proportion	Adults × 15 years old
Former Tobacco Smokers Among Ever Daily Smokers	Proportion	Ever daily tobacco smokers × 15 years old
Time to First Tobacco use within 5 minutes of waking	Proportion	Daily tobacco users × 15 years old
Time to First Tobacco use within 6-30 minutes of waking	Proportion	Daily tobacco users × 15 years old
Smoking Quit Attempt in the Past 12 Months	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months
Health Care Provider Asked about Smoking	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months and who visited a HCP during the past 12 months
Health Care Provider Advised Quitting Smoking	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months and who visited a HCP during the past 12 months
Use of Pharmacotherapy for Smoking Cessation	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months
Use of Counseling/Advice or Quit Lines for Smoking Cessation	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months
Planning to quit, thinking about quitting, or will quit smoking	Proportion	Current smokers × 15 years old
Exposure to SHS at Home	Proportion	Adults × 15 years old
Exposure to SHS at Workplace	Proportion	Adults who work indoors
Exposure to SHS in Government Buildings/Offices	Proportion	Adults × 15 years old who have visited in past 30 days
Exposure to SHS in Health Care Facilities	Proportion	Adults × 15 years old who have visited in past 30 days
Exposure to SHS in Restaurants	Proportion	Adults × 15 years old who have visited in past 30 days
Exposure to SHS in Public Transportation	Proportion	Adults × 15 years old who have visited in past 30 days
Last cigarette purchase in kiosk	Proportion	Current manufactured cigarette smokers × 15 years old
Last cigarette purchase at grocery store	Proportion	Current manufactured cigarette smokers × 15 years old
Noticed Anti-tobacco Information on radio or television	Proportion	Adults × 15 years old
Noticed Health Warning Labels on Cigarette Packages	Proportion	Current smokers × 15 years old
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	Proportion	Current smokers × 15 years old
Noticed Any Cigarette Advertisement or Promotion	Proportion	Adults × 15 years old
Noticed Cigarette Advertising in Stores	Proportion	Adults × 15 years old
Believes that Tobacco Smoking Causes Serious Illness	Proportion	Adults × 15 years old
Believes that Tobacco Smoking Causes Strokes	Proportion	Adults × 15 years old
Believes that Tobacco Smoking Causes Heart Attacks	Proportion	Adults × 15 years old
Believes that Tobacco Smoking Causes Lung Cancer	Proportion	Adults × 15 years old
Believes that Tobacco Smoking Causes Bladder Cancer	Proportion	Adults × 15 years old
Believes that Tobacco Smoking Causes Stomach Cancer	Proportion	Adults × 15 years old
Believes that Tobacco Smoking Causes Premature Birth	Proportion	Adults × 15 years old
Believes that Tobacco Smoking Causes Bone loss/Osteoporosis	Proportion	Adults × 15 years old
Believes that SHS Causes Serious Illness in Non-Smokers	Proportion	Adults × 15 years old
Number of Cigarettes Smoked per Day (by daily smokers)	Mean	Current daily cigarette smokers × 15 years old
Time since Quitting Smoking (in years)	Mean	Former smokers × 15 years old
Monthly Expenditures on Manufactured Cigarettes	Mean	Current manufactured cigarette smokers × 15 years old
Age at Daily Smoking Initiation Among Adults Age 15-34	Mean	Ever daily smokers × 15 years old
Average Amount Spent on 20 Manufactured Cigarettes (Pesos)	Mean	Current manufactured cigarette smokers × 15 years old

Table A-2: Sampling Errors - Overall, GATS Argentina, 2012

Indicator	Esti- mate (R)	Stan- dard Error (SE)	Sam- ple size (n)	Design Effect (DEFT)	Rela- tive Error (SE/R)	Margin of Error (MOE)	Confidence limits	
							Lower Limit (R1- .96SE)	Upper Limit (R+1.96SE)
Current Tobacco Smokers	0,221	0,015	6.645	8,992	0,069	0,030	0,191	0,251
Current Tobacco Users	0,223	0,015	6.574	9,037	0,069	0,030	0,193	0,254
Current Cigarette Smokers	0,219	0,015	6.645	9,060	0,070	0,030	0,189	0,249
Current Users of Smokeless Tobacco	0,002	0,001	6.550	2,001	0,441	0,001	0,000	0,003
Daily Tobacco Smoker	0,171	0,013	6.645	8,529	0,079	0,026	0,145	0,197
Daily Cigarette Smokers	0,171	0,013	6.645	8,536	0,079	0,026	0,144	0,197
Former Daily Tobacco Smokers Among All Adults	0,126	0,013	6.645	9,857	0,101	0,025	0,101	0,151
Former Tobacco Smokers Among Ever Daily Smokers	0,395	0,031	2.185	9,069	0,080	0,062	0,333	0,456
Time to First Smoke Tobacco Use within 5 minutes of waking	0,069	0,013	1.185	2,923	0,182	0,025	0,044	0,094
Time to First Smoke Tobacco Use within 6-30 minutes of waking	0,216	0,041	1.185	11,594	0,188	0,080	0,136	0,296
Smoking Quit Attempt in the Past 12 Months	0,486	0,037	1.788	9,749	0,076	0,072	0,413	0,558
Health Care Provider Asked about Smoking	0,801	0,029	757	4,127	0,037	0,058	0,744	0,859
Health Care Provider Advised Quitting Smoking	0,605	0,049	756	7,742	0,082	0,097	0,508	0,702
Use of Pharmacotherapy for Smoking Cessation	0,041	0,017	856	6,083	0,406	0,033	0,008	0,074
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0,025	0,011	858	3,951	0,421	0,021	0,004	0,046
Planning to quit, thinking about quitting, or will quit smoking	0,736	0,030	1.648	7,514	0,040	0,058	0,677	0,794
Exposure to SHS at Home	0,330	0,020	6.600	12,160	0,061	0,040	0,290	0,369
Exposure to SHS at Workplace	0,316	0,029	2.497	9,892	0,093	0,057	0,259	0,373
Exposure to SHS in Government Buildings/Offices	0,245	0,026	3.022	11,289	0,107	0,052	0,193	0,296
Exposure to SHS in Health Care Facilities	0,088	0,016	3.101	9,755	0,181	0,031	0,057	0,119
Exposure to SHS in Restaurants	0,232	0,026	1.990	7,501	0,112	0,051	0,181	0,283
Exposure to SHS in Public Transportation	0,166	0,025	3.141	13,985	0,149	0,049	0,118	0,215
Last cigarette purchase at kiosk	0,773	0,026	1.622	6,041	0,033	0,050	0,723	0,823
Last cigarette purchase in grocery store	0,134	0,016	1.622	3,586	0,119	0,031	0,103	0,166
Noticed Anti-tobacco Information on radio or television	0,634	0,021	6.640	13,171	0,034	0,042	0,592	0,676
Noticed Health Warning Labels on Cigarette Packages	0,834	0,033	1.649	13,000	0,040	0,065	0,770	0,899
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0,329	0,035	1.649	8,906	0,105	0,068	0,262	0,397
Noticed Any Cigarette Advertisement or Promotion	0,626	0,025	6.640	17,618	0,040	0,049	0,578	0,675
Noticed Cigarette Advertising in Stores	0,419	0,029	6.640	23,282	0,070	0,057	0,362	0,476
Believes that Tobacco Smoking Causes Serious Illness	0,983	0,004	6.638	7,656	0,005	0,009	0,974	0,991
Believes that Tobacco Smoking Causes Strokes	0,736	0,017	6.640	9,382	0,023	0,032	0,703	0,768
Believes that Tobacco Smoking Causes Heart Attacks	0,910	0,009	6.640	6,209	0,010	0,017	0,893	0,927
Believes that Tobacco Smoking Causes Lung Cancer	0,986	0,002	6.640	3,028	0,003	0,005	0,981	0,991
Believes that Tobacco Smoking Causes Bladder Cancer	0,276	0,016	6.640	8,877	0,059	0,032	0,244	0,309
Believes that Tobacco Smoking Causes Stomach Cancer	0,416	0,017	6.639	8,059	0,041	0,034	0,382	0,449
Believes that Tobacco Smoking Causes Premature Birth	0,650	0,019	6.640	10,279	0,029	0,037	0,613	0,687
Believes that Tobacco Smoking Causes Bone loss/Osteoporosis	0,302	0,018	6.640	10,028	0,059	0,035	0,267	0,337
Believes that SHS Causes Serious Illness in Non-Smokers	0,926	0,008	6.641	5,865	0,008	0,015	0,911	0,941
Number of Cigarettes Smoked per Day (by daily smokers)	15,178	0,733	1.185	7,051	0,048	1,437	13,741	16,615
Time since Quitting Smoking (in years)	13,933	1,235	802	8,231	0,089	2,421	11,512	16,354
Monthly Expenditures on Manufactured Cigarettes	145,905	9,254	1.498	11,859	0,063	18,138	127,767	164,043
Age at Daily Smoking Initiation for Respondents Age 15-34	16,045	0,228	738	4,897	0,014	0,448	15,597	16,493
Average Amount Spent on 20 Manufactured Cigarettes (Pesos)	7,905	0,141	1.502	13,697	0,018	0,276	7,629	8,181

Table A-3: Sampling Errors - Centro Region, GATS Argentina, 2012

Indicator	Esti-mate (R)	Standard Error (SE)	Sam-ple size (n)	Design Effect (DEFT)	Relative Error (SE/R)	Margin of Error (MOE)	Confidence limits	
							Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Smokers	0,209	0,022	1.049	3,186	0,107	0,044	0,165	0,253
Current Tobacco Users	0,210	0,023	1.041	3,200	0,108	0,044	0,166	0,254
Current Cigarette Smokers	0,207	0,022	1.049	3,220	0,109	0,044	0,163	0,251
Current Users of Smokeless Tobacco	0,001	0,001	1.037	0,916	0,955	0,002	-0,001	0,003
Daily Tobacco Smoker	0,173	0,020	1.049	2,853	0,114	0,039	0,134	0,212
Daily Cigarette Smokers	0,173	0,020	1.049	2,853	0,114	0,039	0,134	0,212
Former Daily Tobacco Smokers Among All Adults	0,139	0,019	1.049	3,246	0,139	0,038	0,101	0,177
Former Tobacco Smokers Among Ever Daily Smokers	0,421	0,045	388	3,242	0,107	0,089	0,332	0,509
Time to First Smoke Tobacco Use within 5 minutes of waking	0,054	0,017	202	1,120	0,314	0,033	0,021	0,087
Time to First Smoke Tobacco Use within 6-30 minutes of waking	0,220	0,059	202	4,135	0,270	0,116	0,103	0,336
Smoking Quit Attempt in the Past 12 Months	0,484	0,056	278	3,520	0,116	0,110	0,373	0,594
Health Care Provider Asked about Smoking	0,835	0,040	151	1,703	0,047	0,077	0,758	0,913
Health Care Provider Advised Quitting Smoking	0,623	0,068	151	2,917	0,108	0,132	0,491	0,756
Use of Pharmacotherapy for Smoking Cessation	0,039	0,026	130	2,270	0,662	0,050	-0,011	0,089
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0,030	0,017	130	1,226	0,557	0,032	-0,003	0,062
Planning to quit, thinking about quitting, or will quit smoking	0,734	0,046	245	2,651	0,063	0,090	0,643	0,824
Exposure to SHS at Home	0,337	0,029	1.046	4,021	0,087	0,057	0,280	0,394
Exposure to SHS at Workplace	0,335	0,041	428	3,261	0,123	0,081	0,254	0,416
Exposure to SHS in Government Buildings/Offices	0,266	0,039	420	3,240	0,146	0,076	0,190	0,342
Exposure to SHS in Health Care Facilities	0,079	0,022	486	3,337	0,283	0,044	0,035	0,123
Exposure to SHS in Restaurants	0,211	0,035	393	2,921	0,167	0,069	0,142	0,280
Exposure to SHS in Public Transportation	0,156	0,033	563	4,778	0,214	0,066	0,090	0,222
Last cigarette purchase at kiosk	0,839	0,033	241	1,943	0,039	0,065	0,774	0,904
Last cigarette purchase in grocery store	0,066	0,015	241	0,849	0,225	0,029	0,037	0,094
Noticed Anti-tobacco Information on radio or television	0,628	0,032	1.048	4,452	0,050	0,062	0,567	0,690
Noticed Health Warning Labels on Cigarette Packages	0,866	0,053	245	5,858	0,061	0,103	0,762	0,969
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0,332	0,053	245	3,137	0,161	0,105	0,227	0,437
Noticed Any Cigarette Advertisement or Promotion	0,650	0,035	1.049	5,782	0,055	0,069	0,580	0,719
Noticed Cigarette Advertising in Stores	0,447	0,042	1.049	7,438	0,094	0,082	0,364	0,529
Believes that Tobacco Smoking Causes Serious Illness	0,985	0,006	1.048	2,955	0,006	0,013	0,973	0,998
Believes that Tobacco Smoking Causes Strokes	0,716	0,024	1.048	2,965	0,034	0,047	0,669	0,763
Believes that Tobacco Smoking Causes Heart Attacks	0,910	0,013	1.048	2,055	0,014	0,025	0,885	0,935
Believes that Tobacco Smoking Causes Lung Cancer	0,991	0,003	1.048	0,921	0,003	0,005	0,986	0,997
Believes that Tobacco Smoking Causes Bladder Cancer	0,264	0,023	1.048	2,947	0,089	0,046	0,218	0,310
Believes that Tobacco Smoking Causes Stomach Cancer	0,385	0,024	1.048	2,484	0,062	0,046	0,339	0,432
Believes that Tobacco Smoking Causes Premature Birth	0,621	0,027	1.048	3,187	0,043	0,052	0,568	0,673
Believes that Tobacco Smoking Causes Bone loss/Osteoporosis	0,282	0,026	1.048	3,371	0,091	0,050	0,232	0,332
Believes that SHS Causes Serious Illness in Non-Smokers	0,915	0,012	1.049	1,874	0,013	0,023	0,892	0,938
Number of Cigarettes Smoked per Day (by daily smokers)	16,168	0,992	202	10,503	0,061	1,945	14,223	18,113
Time since Quitting Smoking (in years)	13,824	1,653	165	10,958	0,120	3,241	10,584	17,065
Monthly Expenditures on Manufactured Cigarettes	170,395	12,870	221	16,199	0,076	25,224	145,171	195,620
Age at Daily Smoking Initiation for Respondents Age 15-34	15,893	0,329	134	7,698	0,021	0,644	15,248	16,537
Average Amount Spent on 20 Manufactured Cigarettes (Pesos)	7,996	0,190	225	26,064	0,024	0,372	7,625	8,368

Table A-4: Sampling Errors - Noroeste Region, GATS Argentina, 2012

Indicator	Esti-mate (R)	Standard Error (SE)	Sample size (n)	Design Effect (DEFT)	Relative Error (SE/R)	Margin of Error (MOE)	Confidence limits	
							Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Smokers	0,260	0,014	1.389	1,315	0,052	0,026	0,234	0,286
Current Tobacco Users	0,265	0,014	1.362	1,368	0,053	0,027	0,237	0,292
Current Cigarette Smokers	0,260	0,013	1.389	1,315	0,052	0,026	0,233	0,286
Current Users of Smokeless Tobacco	0,002	0,002	1.356	1,609	0,727	0,003	-0,001	0,005
Daily Tobacco Smoker	0,135	0,014	1.389	2,206	0,101	0,027	0,109	0,162
Daily Cigarette Smokers	0,135	0,014	1.389	2,206	0,101	0,027	0,109	0,162
Former Daily Tobacco Smokers Among All Adults	0,073	0,013	1.389	3,467	0,179	0,025	0,047	0,098
Former Tobacco Smokers Among Ever Daily Smokers	0,289	0,040	388	3,055	0,139	0,079	0,210	0,368
Time to First Smoke Tobacco Use within 5 minutes of waking	0,059	0,019	196	1,232	0,316	0,037	0,023	0,096
Time to First Smoke Tobacco Use within 6-30 minutes of waking	0,228	0,044	196	2,178	0,195	0,087	0,141	0,315
Smoking Quit Attempt in the Past 12 Months	0,530	0,035	400	1,911	0,065	0,068	0,462	0,597
Health Care Provider Asked about Smoking	0,613	0,052	147	1,671	0,085	0,102	0,511	0,715
Health Care Provider Advised Quitting Smoking	0,481	0,049	147	1,379	0,101	0,095	0,386	0,576
Use of Pharmacotherapy for Smoking Cessation	0,034	0,014	204	1,233	0,414	0,028	0,006	0,062
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0,016	0,012	204	1,808	0,732	0,023	-0,007	0,040
Planning to quit, thinking about quitting, or will quit smoking	0,764	0,030	375	1,918	0,040	0,060	0,704	0,823
Exposure to SHS at Home	0,335	0,026	1.379	4,240	0,078	0,051	0,283	0,386
Exposure to SHS at Workplace	0,325	0,039	468	3,264	0,120	0,077	0,248	0,402
Exposure to SHS in Government Buildings/Offices	0,341	0,034	582	3,046	0,101	0,067	0,274	0,408
Exposure to SHS in Health Care Facilities	0,169	0,036	633	5,760	0,211	0,070	0,099	0,239
Exposure to SHS in Restaurants	0,395	0,044	411	3,331	0,111	0,086	0,309	0,482
Exposure to SHS in Public Transportation	0,321	0,042	786	6,432	0,132	0,083	0,238	0,404
Last cigarette purchase at kiosk	0,437	0,044	369	2,861	0,100	0,086	0,351	0,522
Last cigarette purchase in grocery store	0,491	0,045	369	2,987	0,092	0,088	0,403	0,579
Noticed Anti-tobacco Information on radio or television	0,659	0,023	1.389	3,363	0,035	0,046	0,613	0,705
Noticed Health Warning Labels on Cigarette Packages	0,619	0,044	376	3,082	0,071	0,086	0,532	0,705
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0,291	0,032	376	1,855	0,110	0,063	0,228	0,354
Noticed Any Cigarette Advertisement or Promotion	0,608	0,026	1.389	3,918	0,043	0,051	0,558	0,659
Noticed Cigarette Advertising in Stores	0,329	0,025	1.389	4,083	0,077	0,050	0,279	0,379
Believes that Tobacco Smoking Causes Serious Illness	0,979	0,006	1.389	2,113	0,006	0,011	0,967	0,990
Believes that Tobacco Smoking Causes Strokes	0,744	0,021	1.389	3,105	0,028	0,040	0,704	0,785
Believes that Tobacco Smoking Causes Heart Attacks	0,902	0,012	1.389	2,105	0,013	0,023	0,879	0,925
Believes that Tobacco Smoking Causes Lung Cancer	0,964	0,012	1.389	5,734	0,012	0,024	0,940	0,987
Believes that Tobacco Smoking Causes Bladder Cancer	0,295	0,024	1.389	3,865	0,082	0,047	0,248	0,342
Believes that Tobacco Smoking Causes Stomach Cancer	0,460	0,023	1.389	2,835	0,049	0,044	0,416	0,504
Believes that Tobacco Smoking Causes Premature Birth	0,687	0,026	1.389	4,438	0,038	0,051	0,636	0,738
Believes that Tobacco Smoking Causes Bone loss/Osteoporosis	0,341	0,027	1.389	4,460	0,079	0,053	0,288	0,394
Believes that SHS Causes Serious Illness in Non-Smokers	0,952	0,007	1.389	1,524	0,007	0,014	0,938	0,966
Number of Cigarettes Smoked per Day (by daily smokers)	10,999	0,792	196	0,909	0,072	1,552	9,447	12,551
Time since Quitting Smoking (in years)	13,811	1,453	125	0,683	0,105	2,848	10,964	16,659
Monthly Expenditures on Manufactured Cigarettes	80,149	6,983	342	1,214	0,087	13,687	66,462	93,836
Age at Daily Smoking Initiation for Respondents Age 15-34	16,712	0,347	137	1,017	0,021	0,680	16,032	17,393
Average Amount Spent on 20 Manufactured Cigarettes (Pesos)	7,912	0,191	351	1,020	0,024	0,375	7,537	8,286

Table A-5: Sampling Errors - Litoral Region, GATS Argentina, 2012

Indicator	Esti-mate (R)	Standard Error (SE)	Sample size (n)	Design Effect (DEFT)	Relative Error (SE/R)	Margin of Error (MOE)	Confidence limits	
							Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Smokers	0,221	0,018	1.323	2,463	0,081	0,035	0,186	0,257
Current Tobacco Users	0,228	0,018	1.311	2,301	0,077	0,034	0,193	0,262
Current Cigarette Smokers	0,219	0,018	1.323	2,466	0,082	0,035	0,184	0,254
Current Users of Smokeless Tobacco	0,004	0,002	1.308	1,069	0,434	0,004	0,001	0,008
Daily Tobacco Smoker	0,170	0,017	1.323	2,643	0,099	0,033	0,137	0,203
Daily Cigarette Smokers	0,168	0,017	1.323	2,682	0,100	0,033	0,135	0,201
Former Daily Tobacco Smokers Among All Adults	0,107	0,012	1.323	1,956	0,111	0,023	0,083	0,130
Former Tobacco Smokers Among Ever Daily Smokers	0,359	0,040	383	2,680	0,112	0,079	0,280	0,438
Time to First Smoke Tobacco Use within 5 minutes of waking	0,136	0,034	211	2,069	0,250	0,067	0,070	0,203
Time to First Smoke Tobacco Use within 6-30 minutes of waking	0,204	0,034	211	1,510	0,168	0,067	0,137	0,271
Smoking Quit Attempt in the Past 12 Months	0,447	0,041	304	2,059	0,092	0,080	0,367	0,527
Health Care Provider Asked about Smoking	0,655	0,084	89	2,725	0,128	0,164	0,492	0,819
Health Care Provider Advised Quitting Smoking	0,457	0,083	89	2,460	0,182	0,163	0,294	0,621
Use of Pharmacotherapy for Smoking Cessation	0,036	0,019	144	1,416	0,512	0,037	-0,000	0,073
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0,007	0,007	144	1,006	1,002	0,014	-0,007	0,021
Planning to quit, thinking about quitting, or will quit smoking	0,741	0,035	278	1,747	0,047	0,068	0,673	0,809
Exposure to SHS at Home	0,329	0,023	1.319	3,184	0,070	0,045	0,284	0,375
Exposure to SHS at Workplace	0,284	0,031	464	2,137	0,108	0,060	0,224	0,344
Exposure to SHS in Government Buildings/Offices	0,174	0,020	601	1,705	0,116	0,040	0,134	0,214
Exposure to SHS in Health Care Facilities	0,132	0,018	554	1,517	0,134	0,035	0,097	0,167
Exposure to SHS in Restaurants	0,344	0,041	294	2,134	0,118	0,079	0,265	0,424
Exposure to SHS in Public Transportation	0,120	0,022	514	2,268	0,180	0,042	0,078	0,162
Last cigarette purchase at kiosk	0,743	0,039	274	2,148	0,052	0,076	0,668	0,819
Last cigarette purchase in grocery store	0,121	0,023	274	1,304	0,186	0,044	0,077	0,165
Noticed Anti-tobacco Information on radio or television	0,640	0,026	1.321	3,791	0,040	0,050	0,590	0,691
Noticed Health Warning Labels on Cigarette Packages	0,835	0,030	278	1,786	0,036	0,058	0,776	0,893
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0,313	0,039	278	2,000	0,126	0,077	0,236	0,390
Noticed Any Cigarette Advertisement or Promotion	0,568	0,026	1.321	3,748	0,047	0,052	0,516	0,619
Noticed Cigarette Advertising in Stores	0,372	0,025	1.321	3,593	0,068	0,049	0,322	0,421
Believes that Tobacco Smoking Causes Serious Illness	0,974	0,007	1.321	2,593	0,007	0,014	0,961	0,988
Believes that Tobacco Smoking Causes Strokes	0,807	0,018	1.321	2,672	0,022	0,035	0,772	0,842
Believes that Tobacco Smoking Causes Heart Attacks	0,915	0,011	1.321	2,053	0,012	0,022	0,893	0,936
Believes that Tobacco Smoking Causes Lung Cancer	0,983	0,006	1.321	3,169	0,006	0,012	0,971	0,996
Believes that Tobacco Smoking Causes Bladder Cancer	0,300	0,019	1.321	2,185	0,062	0,037	0,264	0,337
Believes that Tobacco Smoking Causes Stomach Cancer	0,500	0,024	1.320	3,044	0,048	0,047	0,453	0,547
Believes that Tobacco Smoking Causes Premature Birth	0,728	0,025	1.321	4,222	0,035	0,049	0,679	0,777
Believes that Tobacco Smoking Causes Bone loss/Osteoporosis	0,345	0,021	1.321	2,471	0,060	0,040	0,304	0,385
Believes that SHS Causes Serious Illness in Non-Smokers	0,935	0,009	1.321	1,575	0,009	0,017	0,918	0,951
Number of Cigarettes Smoked per Day (by daily smokers)	16,322	1,152	211	0,872	0,071	2,259	14,063	18,580
Time since Quitting Smoking (in years)	15,077	1,417	145	0,948	0,094	2,777	12,300	17,854
Monthly Expenditures on Manufactured Cigarettes	120,791	10,598	258	1,518	0,088	20,773	100,018	141,564
Age at Daily Smoking Initiation for Respondents Age 15-34	16,076	0,412	128	1,418	0,026	0,808	15,268	16,884
Average Amount Spent on 20 Manufactured Cigarettes (Pesos)	7,067	0,242	249	2,026	0,034	0,475	6,592	7,543

Table A-6: Sampling Errors - Cuyo Region, GATS Argentina, 2012

Indicator	Esti-mate (R)	Standard Error (SE)	Sample size (n)	Design Effect (DEFT)	Relative Error (SE/R)	Margin of Error (MOE)	Confidence limits	
							Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Smokers	0,252	0,018	1.292	2,184	0,071	0,035	0,217	0,287
Current Tobacco Users	0,255	0,018	1.273	2,141	0,070	0,035	0,220	0,291
Current Cigarette Smokers	0,252	0,018	1.292	2,184	0,071	0,035	0,217	0,287
Current Users of Smokeless Tobacco	0,001	0,001	1.264	0,497	0,783	0,001	-0,000	0,002
Daily Tobacco Smoker	0,193	0,015	1.292	1,810	0,077	0,029	0,164	0,222
Daily Cigarette Smokers	0,193	0,015	1.292	1,810	0,077	0,029	0,164	0,222
Former Daily Tobacco Smokers Among All Adults	0,117	0,014	1.292	2,496	0,121	0,028	0,089	0,145
Former Tobacco Smokers Among Ever Daily Smokers	0,348	0,032	419	1,920	0,093	0,063	0,285	0,411
Time to First Smoke Tobacco Use within 5 minutes of waking	0,108	0,024	244	1,427	0,221	0,047	0,061	0,154
Time to First Smoke Tobacco Use within 6-30 minutes of waking	0,231	0,044	244	2,643	0,190	0,086	0,145	0,317
Smoking Quit Attempt in the Past 12 Months	0,533	0,036	342	1,776	0,068	0,071	0,463	0,604
Health Care Provider Asked about Smoking	0,775	0,048	180	2,416	0,063	0,095	0,680	0,870
Health Care Provider Advised Quitting Smoking	0,652	0,053	179	2,246	0,082	0,105	0,547	0,757
Use of Pharmacotherapy for Smoking Cessation	0,052	0,018	180	1,218	0,353	0,036	0,016	0,088
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0,021	0,012	181	1,340	0,596	0,024	-0,003	0,045
Planning to quit, thinking about quitting, or will quit smoking	0,740	0,032	320	1,681	0,043	0,062	0,678	0,802
Exposure to SHS at Home	0,266	0,019	1.273	2,333	0,071	0,037	0,229	0,303
Exposure to SHS at Workplace	0,197	0,027	432	1,980	0,137	0,053	0,144	0,250
Exposure to SHS in Government Buildings/Offices	0,141	0,023	582	2,557	0,164	0,045	0,096	0,186
Exposure to SHS in Health Care Facilities	0,035	0,008	640	1,100	0,217	0,015	0,020	0,050
Exposure to SHS in Restaurants	0,220	0,028	425	2,004	0,129	0,056	0,164	0,276
Exposure to SHS in Public Transportation	0,117	0,018	623	1,856	0,150	0,034	0,082	0,151
Last cigarette purchase at kiosk	0,798	0,034	318	2,222	0,042	0,066	0,732	0,864
Last cigarette purchase in grocery store	0,147	0,028	318	1,963	0,190	0,055	0,092	0,201
Noticed Anti-tobacco Information on radio or television	0,640	0,024	1.292	3,212	0,037	0,047	0,593	0,686
Noticed Health Warning Labels on Cigarette Packages	0,914	0,024	320	2,244	0,026	0,046	0,868	0,960
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0,419	0,038	320	1,887	0,091	0,074	0,344	0,493
Noticed Any Cigarette Advertisement or Promotion	0,548	0,018	1.292	1,763	0,034	0,036	0,512	0,584
Noticed Cigarette Advertising in Stores	0,376	0,017	1.292	1,581	0,045	0,033	0,342	0,409
Believes that Tobacco Smoking Causes Serious Illness	0,982	0,003	1.291	0,864	0,004	0,007	0,975	0,989
Believes that Tobacco Smoking Causes Strokes	0,804	0,016	1.292	2,096	0,020	0,031	0,773	0,836
Believes that Tobacco Smoking Causes Heart Attacks	0,938	0,011	1.292	2,633	0,012	0,021	0,917	0,960
Believes that Tobacco Smoking Causes Lung Cancer	0,984	0,004	1.292	1,215	0,004	0,008	0,976	0,991
Believes that Tobacco Smoking Causes Bladder Cancer	0,316	0,024	1.292	3,404	0,075	0,047	0,269	0,363
Believes that Tobacco Smoking Causes Stomach Cancer	0,462	0,022	1.292	2,516	0,048	0,043	0,418	0,505
Believes that Tobacco Smoking Causes Premature Birth	0,722	0,019	1.292	2,376	0,027	0,038	0,684	0,759
Believes that Tobacco Smoking Causes Bone loss/Osteoporosis	0,352	0,022	1.292	2,865	0,064	0,044	0,307	0,396
Believes that SHS Causes Serious Illness in Non-Smokers	0,962	0,007	1.292	1,600	0,007	0,013	0,948	0,975
Number of Cigarettes Smoked per Day (by daily smokers)	11,283	0,702	244	0,724	0,062	1,377	9,907	12,660
Time since Quitting Smoking (in years)	13,295	1,226	139	0,494	0,092	2,404	10,891	15,698
Monthly Expenditures on Manufactured Cigarettes	104,597	7,007	289	0,626	0,067	13,734	90,863	118,331
Age at Daily Smoking Initiation for Respondents Age 15-34	16,460	0,383	120	1,147	0,023	0,751	15,709	17,210
Average Amount Spent on 20 Manufactured Cigarettes (Pesos)	7,896	0,186	281	0,865	0,024	0,364	7,531	8,260

Table A-7: Sampling Errors - Patagonica Region, GATS Argentina, 2012

Indicator	Esti-mate (R)	Standard Error (SE)	Sample size (n)	Design Effect (DEFT)	Relative Error (SE/R)	Margin of Error (MOE)	Confidence limits Lower Limit (R-1.96SE)	Confidence limits Upper Limit (R+1.96SE)
Current Tobacco Smokers	0,263	0,018	1.592	2,792	0,070	0,036	0,227	0,299
Current Tobacco Users	0,268	0,019	1.587	2,788	0,069	0,036	0,232	0,305
Current Cigarette Smokers	0,261	0,018	1.592	2,803	0,071	0,036	0,225	0,297
Current Users of Smokeless Tobacco	0,004	0,002	1.585	2,736	0,691	0,005	-0,001	0,008
Daily Tobacco Smoker	0,196	0,017	1.592	2,833	0,085	0,033	0,163	0,229
Daily Cigarette Smokers	0,196	0,017	1.592	2,833	0,085	0,033	0,163	0,229
Former Daily Tobacco Smokers Among All Adults	0,124	0,013	1.592	2,294	0,101	0,025	0,099	0,148
Former Tobacco Smokers Among Ever Daily Smokers	0,350	0,034	607	3,128	0,098	0,067	0,283	0,417
Time to First Smoke Tobacco Use within 5 minutes of waking	0,091	0,018	332	1,324	0,199	0,036	0,056	0,127
Time to First Smoke Tobacco Use within 6-30 minutes of waking	0,163	0,031	332	2,403	0,193	0,062	0,102	0,225
Smoking Quit Attempt in the Past 12 Months	0,423	0,034	464	2,205	0,081	0,067	0,356	0,489
Health Care Provider Asked about Smoking	0,842	0,032	190	1,460	0,038	0,063	0,779	0,905
Health Care Provider Advised Quitting Smoking	0,649	0,054	190	2,455	0,084	0,107	0,542	0,755
Use of Pharmacotherapy for Smoking Cessation	0,090	0,024	198	1,349	0,263	0,046	0,044	0,137
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0,036	0,014	199	1,120	0,390	0,027	0,008	0,063
Planning to quit, thinking about quitting, or will quit smoking	0,681	0,036	430	2,559	0,053	0,070	0,611	0,752
Exposure to SHS at Home	0,303	0,014	1.583	1,452	0,046	0,027	0,276	0,331
Exposure to SHS at Workplace	0,252	0,032	705	3,786	0,126	0,062	0,189	0,314
Exposure to SHS in Government Buildings/Offices	0,114	0,016	837	2,211	0,143	0,032	0,082	0,146
Exposure to SHS in Health Care Facilities	0,040	0,012	788	2,968	0,299	0,024	0,017	0,064
Exposure to SHS in Restaurants	0,131	0,026	467	2,749	0,198	0,051	0,080	0,182
Exposure to SHS in Public Transportation	0,103	0,015	655	1,626	0,147	0,030	0,073	0,132
Last cigarette purchase at kiosk	0,809	0,025	420	1,718	0,031	0,049	0,759	0,858
Last cigarette purchase in grocery store	0,119	0,021	420	1,739	0,175	0,041	0,078	0,160
Noticed Anti-tobacco Information on radio or television	0,630	0,019	1.590	2,530	0,031	0,038	0,592	0,668
Noticed Health Warning Labels on Cigarette Packages	0,858	0,026	430	2,440	0,031	0,052	0,806	0,909
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	0,299	0,052	430	5,557	0,174	0,102	0,197	0,401
Noticed Any Cigarette Advertisement or Promotion	0,580	0,028	1.589	5,301	0,049	0,056	0,525	0,636
Noticed Cigarette Advertising in Stores	0,398	0,029	1.589	5,590	0,073	0,057	0,341	0,455
Believes that Tobacco Smoking Causes Serious Illness	0,974	0,006	1.589	1,943	0,006	0,011	0,963	0,985
Believes that Tobacco Smoking Causes Strokes	0,733	0,019	1.590	2,942	0,026	0,037	0,695	0,770
Believes that Tobacco Smoking Causes Heart Attacks	0,883	0,016	1.590	4,080	0,018	0,032	0,851	0,915
Believes that Tobacco Smoking Causes Lung Cancer	0,977	0,008	1.590	4,256	0,008	0,015	0,962	0,992
Believes that Tobacco Smoking Causes Bladder Cancer	0,299	0,020	1.590	3,082	0,067	0,039	0,260	0,339
Believes that Tobacco Smoking Causes Stomach Cancer	0,490	0,020	1.590	2,590	0,041	0,040	0,450	0,529
Believes that Tobacco Smoking Causes Premature Birth	0,706	0,014	1.590	1,575	0,020	0,028	0,678	0,734
Believes that Tobacco Smoking Causes Bone loss/Osteoporosis	0,330	0,022	1.590	3,631	0,068	0,044	0,286	0,374
Believes that SHS Causes Serious Illness in Non-Smokers	0,952	0,007	1.590	1,618	0,007	0,013	0,938	0,965
Number of Cigarettes Smoked per Day (by daily smokers)	12,494	0,734	332	0,434	0,059	1,439	11,055	13,933
Time since Quitting Smoking (in years)	14,410	0,987	228	0,264	0,069	1,935	12,475	16,345
Monthly Expenditures on Manufactured Cigarettes	121,606	7,199	388	0,421	0,059	14,110	107,495	135,716
Age at Daily Smoking Initiation for Respondents Age 15-34	15,934	0,407	219	0,548	0,026	0,798	15,136	16,731
Average Amount Spent on 20 Manufactured Cigarettes (Pesos)	8,360	0,123	396	0,504	0,015	0,242	8,118	8,602

Appendix 5

MPOWER Measures

Monitor Tobacco Use and prevention policies – Prevalence of Tobacco Use			
Youth Prevalence			
	Current Tobacco Use	Current Tobacco Smoking	Current Tobacco Smokeless
Male	22.7	20.2	4.4
Female	25.4	23.7	3.0
Total	24.1	22.0	3.7
Adult Prevalence			
	Current Tobacco Use	Current Cigarette Smoking	Current Tobacco Smokeless
Male	29.5	29.4	0.1
Female	15.8	15.6	0.2
Total	22.3	22.1	0.2

Protect people from tobacco smoke – Smoke-Free Environments Legislation (Ban smoking in enclosed places and workplaces)	
Health care facilities	Yes
Educational facilities except universities	Yes
Universities	Yes
Government facilities	Yes
Indoor offices and workplaces	Yes
Restaurants	Yes
Pubs and bars	Yes
Public transportation	Yes

Offer help to quit use tobacco use – Measures Concerning Tobacco Dependence and Cessation	
Availability of pharmacological treatment	
Nicotine replacement therapy (NRT)	Yes
Bupropion	Yes
Varenicline	Yes
Availability of smoking cessation support	
Primary care facilities	Yes, in some
Offices of health professionals	Yes, in some
In the community	Yes, in some
Availability of a national toll-free quitline	Yes

Warn about the dangers of tobacco – Health Warnings on Tobacco Packages

Characteristics of health warnings	Cigarettes	Other tobacco products then cigarettes
Ban on misleading descriptors such as "mild, "low tar", et	Yes	Yes
Law mandates specific warnings	Yes	Yes
% of the principal display areas (average of front and back) covered by warning	50	50
% of the principal display areas (front) covered by a warning	50	50
% of the principal display area (back)	50	50
Number of warnings approved by law	10	10
Warnings appear on each package and outside packaging	1	1
Warnings describe the harmful effects of tobacco use	Yes	Yes
Law mandates font style, font size and color	No	No
Warnings are rotating	Yes	Yes
Warnings are written in the principal language(s) of the country	Yes	Yes
Warnings include an image	Yes	Yes

Enforce bans on tobacco advertising, promotion and sponsorship – Bans on tobacco advertising, promotion and sponsorship

Direct bans	
National TV and radio	Yes
International TV and radio	Yes
Local magazines and newspapers	Yes
International magazines and newspapers	No
Billboards and outdoors advertising	Yes
Point of sale	No
Internet	No
Indirect bans	
Free distribution by mail or other means	Yes
Promotional discounts	Yes
Non-tobacco products identified with tobacco brand names	Yes
Brand name of non-tobacco products used for tobacco product	Yes
Appearance of tobacco products in TV and/or films (product placement)	No
Tobacco sponsored events	Yes

Raise taxes on tobacco – Tobacco prices and taxes

Price of most sold brand, pack of 20 cigarettes		
In pesos argentinos	ARG	7.90
In international dollars	PPP$	1.55
Percent of the price composed of taxes		
Specific excise	0	0
Ad valorem	69	69
Import duties	21	21
Total Taxes	90	90

Appendix 6

Glossary

Anti-tobacco Information - Messages issued through various media in order to inform the population about the damage caused by the consumption of tobacco and tobacco smoke exposure as well as about the benefits of quitting.

Business owner - Person who exploits its own economic enterprise and is responsible for one or more workers on salary or wages.

Carton of cigarettes - Packaging containing 10 boxes of cigarettes. A carton is equivalent to 200 cigarettes.

Current smoker - Person who currently smoke some tobacco product regularly, either daily or occasional.

Daily smoker - Person who smoke at least one tobacco product daily or almost daily, for a period of one month or more. Short periods of time in which the person do not smoke due to special circumstances, such as illness, does not invalidate the daily smoker concept.

Enclosed space - Are defined according to tobacco control legislation currently in force, as "those physical units bounded on its perimeter and its height by walls and ceiling" It is indifferent the material with which these enclosures are constructed, if they are temporary or permanent, and if they possess separate doors, windows and ventilation. In the case of external spaces in a building, if they have a ceiling, shall be considered closed space if the lateral enclosure exceeds 50% of the roofing perimeter.

Ex-smoker - Person that previously consumed some tobacco product regularly, either daily or occasionally, and currently does not smoke, regardless of the time which has elapsed since he/she quit smoking. For the purposes of the it was also investigated the percentage of ex-smokers with a year of sustained abstinence.

Guidance for smoking cessation - Includes both aid received in a service specialized in cessation, and aid received in the normal visit of any health service. Orientation in a specialized cessation service implies behavioral or pharmacological support. Orientation in a health service means any guide or provision of strategies provided by a health worker, to help smokers stop consumption.

Hand-rolled cigarettes - Cigarettes are made manually, winding a leave of paper or rolling papers with loose tobacco in its interior.

Health care facility – Any facility belonging to the public or private system, in which some type of health service is provided, which includes, among others: medical care, dental, psychological, nursing, etc.

Health Workers - Worker of the different disciplines that can be part of a health team. Includes doctors, dentists, nurses, psychologists and nutritionists, among others.

Helpline to stop smoking - Telephone service provided by specially trained staff that provides strategies for smokers to quit smoking. There are 2 methods: reactive, in which the smoker call for guidance, and proactive, in which a preset number of calls are scheduled and that a trained operator will perform to the smoker weekly. In Argentina, current there is only a reactive method.

Household – A household is a person or a group of people, related or not, who reside under one roof and share food costs.

Chopped tobacco – Tobacco used to make hand-rolled cigarettes.

Never smoked - Person that never smoked; he/she can have tested smoking but has smoked less than 100 cigarettes in his/her life.

Non-smoker - Person that doesn't currently smoke. Includes never-smoked and ex-smokers.

Non-university tertiary education – This educational level apply to those that studied at a non-university tertiary education, governmental or private with educational plans approved by Ministry of Education and other educational authorities.

Occasional smoker - Person who smoke at least one tobacco product on a regular basis, but not daily.

Place where help to quit smoking is offered - Anywhere, whether public or private, which provides guidance and strategies to help smokers to quit.

Postgraduate - Specific studies of high specialization. Requirement is to have university degree. Quaternary education that provides a level of Specialist, Master or PhD.

Public building or office – Government building or dependence.

Public transport - Any means of land, sea or air transportation, of public use.

Primary education - Includes six or seven years of compulsory education oriented to provide education in oral and written expression and reasoning.

Secondary education – The first level of middle education. It is mandatory and takes five to six years to complete.

Secondhand smoke - It is tobacco smoke found in the environment. Is a mixture of the smoke that exhales a smoker and the smoke from a lit tobacco product between puffs.

Self-employed with business facility or investment - Person that without having a boss, exploits his/her own economic business without hiring any paid worker and may be assisted by one or more unpaid family workers. Has some installation or necessary investment (offices, profession, machinery, etc.) for the development of his/her activity.

Self-employed without business facility or investment - Person that without having a boss, exploits their own economic business without hiring any paid worker and may be assisted by one or more unpaid family workers. In this case, do not have investment or facilities considered relevant to the development of his/her activity.

Smokeless tobacco – Tobacco product which does not emit smoke. Includes tobacco to be chewed sucked, insufflated or "snuffed" through the nose or any other product of tobacco than is not smoked.

Social employment program - Transitional jobs created within the framework of State social programs aimed at low resources population.

Starting age - Age in full years that a person begins to use some tobacco products on a regular basis. The initial period in which the person consumes tobacco in experimental form is not considered.

Unemployed, capable and looking for work - Person of working age, not working, and carrying out specific activities to find a job.

Unemployed, incapacitated for work - Person of working age, doesn't work, not seeking for a job and have permanent health problems or disabilities that prevent him/her from performing those tasks.

University education – This level of education comprehends those that obtained a degree, *profesorados* and *licenciaturas*

Water pipe - Device where tobacco sits, which also has a water receptacle and a long tube by which is inhaled the tobacco smoke. It can be used individually or in group. Sometimes combines tobacco consumption with alcohol in the same apparatus.