GLOBAL ADULT TOBACCO SURVEY

(GATS- Global Adult Tobacco Survey in Senegal)

SENEGAL 2023

EXECUTIVE SUMMARY

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MINISTRY OF HEALTH AND SOCIAL ACTION

PNLT PROGRAMME NATIONAL DE LUTTE CONTRE LE TABAC

ANSD Agence Nationale de la Statistique et de la Démographie

World Health Organization

EXECUTIVE SUMMARY

The Global Adult Tobacco Survey (GATS) is the global standard for systematic monitoring of tobacco and nicotine product use (smoked, smokeless, and heated tobacco products) among adults and for tracking key tobacco control indicators. The 2023 Senegal GATS is a household survey conducted among men and women aged 15 and over living in ordinary households. The sampling[1] was designed to ensure that indicators are representative at national level and to provide internationally comparable data for the country as a whole, broken down by sex, age group, level of education, and place of residence (urban/rural).

The 2023 Senegal GATS was carried out by the National Agency for Statistics and Demography (ANSD), with the collaboration of the Ministry of Health and Social Action (MSAS), through the National Tobacco Control Program (PNLT). Technical assistance was provided by the US Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and RTI International, an independent, nonprofit research institute dedicated to improving human health. This report is based on work funded by the CDC Foundation with a grant from the Gates Foundation.

The GATS helps strengthen countries' capacity to design, implement, and develop tobacco control programs and policies. It will also enable Senegal to fulfill its obligations under the WHO Framework Convention on Tobacco Control (WHO FCTC), which the country ratified in 2005. In addition, the survey aims to generate comparable data within Senegal and between countries.

In 2008, the WHO introduced the MPOWER package, a set of six evidence-based reduction measures to prevent and reduce the use of tobacco and nicotine products (WHO, 2008). Each MPOWER letter corresponds to one or more demand reduction measures outlined in the WHO FCTC (WHO, 2008).

GATS Senegal was conducted as a nationally representative household survey of adults aged 15 years and older, following a standardized global policy to systematically monitor tobacco use. This Policy includes core and optional questionnaires, sample design, data collection, management, processing, analysis, and dissemination. GATS Senegal 2023 is the second household survey focused exclusively on tobacco use and key tobacco control measures in the country, following the first round conducted in 2015. Data collection for GATS 2023 took place over one month, from 30 November to 29 December, with data gathered using tablets.

A total of 4,148 households were selected, and in each household, one individual was randomly chosen to respond to the survey (participant). A total of 3,878 individuals were successfully interviewed. The overall response rate was 97.3%, with a household response rate of 98.6% (98.3% in urban areas and 98.9% in rural areas), and an individual response rate of 98.8% (99.0% in urban areas and 98.5% in rural areas).

[1] A multi-stage stratified random sampling plan was used to obtain nationally representative data.

The 2023 Senegal GATS collected information on respondent characteristics, tobacco use (smoked, smokeless, or heated tobacco products), e-cigarette use, quitting smoking, secondhand smoke exposure, the tobacco economy, media exposure, and knowledge, attitudes, and perceptions about smoking.

Tobacco Use

In Senegal, in 2023, approximately half a million of the adult population[2] (4.4%) used tobacco products, 8.2% of which were men and 0.8% women. Among adults who use tobacco, 86.9% use only smoked tobacco, 3.3% use smokeless tobacco, 3.7% use only heated tobacco products, 4.9% use both smoked and smokeless tobacco, 0.7% use smoked and heated tobacco products, and 0.6% use both smokeless and heated tobacco products.

The prevalence of smoking tobacco use is 4.1% (0.4 million) overall, 7.8% of men and 0.4% of women. In 2023, this amounted to 4.6% in urban areas and 3.6% in rural areas. By age, the prevalence of smoking tobacco use is 1.6% among 15–24-year-olds, 6.2% among 25–44-year-olds, 6.3% among 45–64-year-olds, and 3.0% among those aged 65 and over. Overall, 3.4% of adults (6.5% of men and 0.4% of women) smoke tobacco daily and 0.7% smoke occasionally.

On the whole, 2.9% of adults (0.3 million) smoke manufactured cigarettes in 2023. On average, adults who smoke manufactured cigarettes daily consume 8.3 cigarettes per day, with about half (49.6%) of daily users consuming 5 to 9 cigarettes per day.

The overall prevalence of smokeless tobacco use in 2023 was 0.4% among adults in Senegal; 0.5% of women and 0.3% of men.

Use of Electronic Cigarettes

Overall, 36.6% of adults are aware of e-cigarettes and 1.5% have already used them (2.0% of men and 0.9% of women). The proportion of adults using e-cigarettes in 2023 was 0.4% (0.6% of men and 0.3% of women). The prevalence of e-cigarette use is 0.6% in urban areas and 0.2% in rural areas.

Smoking Cessation

Just over six in ten adults (62.5%) who smoke tobacco in 2023 intend to quit smoking or are considering doing so. Overall, 52.4% of adult tobacco smokers reported having made at least one attempt to quit in the 12 months prior to the survey, with prevalence of 50.6% in rural areas and 53.8% in urban areas. Overall, three-quarters (74.4%) of adults who currently smoke tobacco and have made an attempt to quit did so without any help.

[2] Adults are defined as persons aged 15 and older.

Secondhand Smoke

Just over one in five adults (21.1%) who work in an enclosed room reported being exposed to secondhand smoke in their workplace in the 30 days prior to the survey. In addition, 18.1% of adults who do not smoke tobacco believe they are exposed to secondhand smoke in their workplace. The number of adults exposed to secondhand smoke at home is estimated at 1.6 million (15.0%), including 1.3 million non-smoking adults (13.0%).

Among adults who visited various public places in the last 30 days, 24.8% were exposed to tobacco smoke in restaurants, 74.8% in bars or nightclubs, 15.4% in government buildings, 11.7% in public transport, 25.4% in universities and 6.0% in healthcare facilities.

Since 2014, anti-smoking legislation in Senegal has prohibited smoking in public places such as healthcare facilities, schools, professional and academic establishments (within a 200-meter radius), administrative buildings, enclosed workplaces, and public transportation.

Economic Aspects

In 2023, the average monthly expenditure on cigarettes was 8,778 FCFA. By age group, the average monthly expenditure on cigarettes varies from 8,524 FCFA among 25-44-year-olds to 11,192 FCFA among 45-64-year-olds.

It should be noted that since December 2018, the excise tax on tobacco has been 65.0%. The results of the 2023 survey indicate that 93.4% of adults are in favor of increasing taxes on tobacco and tobacco products.

Media

In the 30 days prior to the December 2023 survey, 49.7% of adults (48.3% of adults who currently smoke tobacco and 49.8% of those who do not smoke) reported having seen information about tobacco harm through various media channels. Overall, 37.4% (28.5% of adults who currently smoke tobacco and 37.8% of those who do not) saw this information on radio or television. The proportion of adults who noticed information about the dangers of tobacco, regardless of the channel, is 39.0% in urban areas and 36.0% in rural areas.

It should be noted that in Senegal, Law 2014-14 on tobacco control of March 28, 2014, requires health warnings on cigarette packs, including illustrated health warnings covering 70.0% of the main surface of packs, in addition to warning messages in text placed on the side surfaces of packs. This measure has been in force since 2017.

Overall, in 2023, among adults who currently smoke and those who noticed anti-tobacco warnings on cigarette packs, 37.5% thought about quitting. The prevalence was 39.4% in urban areas and 35.4% in rural areas.

Knowledge, Attitudes, and Perceptions

In 2023, overall, 87.2% of adults (86.1% of adults who currently smoke tobacco and 87.2% of adults who do not smoke) believe that smoking causes serious diseases. About 85.7% of adults (86.9% of adults who currently smoke tobacco and 85.7% of adults who do not smoke) believe that breathing in other people's smoke causes serious diseases in people who do not smoke. These beliefs exist in urban areas (90.5%) and rural areas (81.6%).

Regarding smokeless tobacco, 69.2% of adults (71.5% in urban areas and 67.2% in rural areas) believe that it causes serious diseases.

The survey reveals that 90.3% of adults believe that tobacco causes lung cancer, 64.7% that it can cause heart attacks, 71.8% that it causes stomach cancer, 67.7% that it causes strokes, 58% that it causes premature births, 57.3% that it can cause bladder cancer, and 67.2% that it causes bone mass loss.

Comparison Between 2015 and 2023

- Smoking prevalence among adults decreased from 6.0% in 2015 to 4.4% in 2023. This represents a decrease of 1.6 percentage points over the period. In relative variation this corresponds to a decrease in prevalence of 26.7% (25.5% for men and 33.3% for women).
- Exposure to secondhand smoke in public places decreased between 2015 and 2023, with the smallest relative reductions in exposure to secondhand smoke observed in bars/nightclubs (-5.7%), restaurants (-13.9%), and public transportation (-18.2%). In contrast, the decline was more pronounced in universities (-55.4%), healthcare facilities (-41.2%), schools (-38.6%), government buildings (-36.4%), workplaces (-30.6%), and homes (-30.6%).
- The proportion of adults who smoke tobacco in 2023 and who have tried to quit in the 12 months prior to the survey has decreased from 59.6% in 2015 to 52.4% in 2023. Similarly, the percentage of adults who currently smoke tobacco and want to quit decreased from 79.8% in 2015 to 62.5% in 2023.
- The proportion of adults who noticed the health warnings on cigarette packs increased from 48.8% in 2015 to 60.9% in 2023. In addition, among adults who currently smoke tobacco, a higher percentage (from 31.5% in 2015 to 37.5% in 2023) are considering quitting smoking because of the health warnings on cigarette packs.
- The prevalence of exposure to tobacco advertising, promotion, and sponsorship decreased from 20.6% in 2015 to 10.7% in 2023.
- The average inflation-adjusted amount paid for 20 cigarettes rose from 701 FCFA in 2015 to 849 FCFA in 2023, a relative increase of 21.2%.
- A slight decrease in the proportion of adults in favor of increasing taxes on tobacco products is observed between 2015 and 2023, varying from 95.5% to 93.4%.

- The perception of adults regarding the risks associated with tobacco has decreased: from 93.9%, the proportion of those who believe that smoking causes serious diseases has fallen to 87.2%. During the same period, awareness of the dangers of secondhand smoke also declined, with 91.9% of adults believing that it could cause serious illness in non-smokers in 2015, compared to 85.7% in 2023.

IMPLEMENTATION AND POLICY RECOMMENDATIONS

Reducing tobacco use is one of the global public health objectives. Smoking is responsible for many serious diseases, including cancer, cardiovascular diseases, and respiratory disorders. To effectively reduce tobacco use, several recommendations are outlined below, based on the MPOWER strategy:

(1) Monitor: Monitor Tobacco Use and Key Tobacco Control Indicators

- **Monitoring and alert system**: Unannounced field inspections and the implementation of monitoring and alert systems to produce real-time data are essential to assess, implement and adjust tobacco control regulations and policies to maximize their impact.
- **Potential improvements needed**: Based on the experiences and lessons learned from the two editions of the GATS in Senegal, the areas of focus where improvements should be made are as follows:
    - Adjustment of the budget allocated to the GATS.
    - Material and technical support for the tobacco control program to carry out routine activities.

(2) Protect: Protecting the public from Tobacco Smoke

Ban smoking in public places and collaborate with security defence forces (SDF): The law in Senegal prohibits smoking in enclosed public spaces, but enforcement needs to be strengthened—particularly in restaurants and bars—through collaboration with security forces (FDS) to ensure strict compliance with the smoking ban.

- **Create smoke-free spaces**: Public areas and workplaces should be designated as smoke-free zones, and a healthier environment should be created for everyone, especially young people and those who do not smoke.
- **Encourage smoke-free workplaces**: Businesses and workplaces can play a key role in reducing smoking by adopting anti-smoking policies, offering tobacco cessation support programs to employees who want to quit smoking, and organizing awareness campaigns to educate people about the risks of tobacco.

(3) Offer: Providing Help to Quit Smoking

- **Smoking cessation services:** There are no designated national reference centres for smoking cessation. However, smoking cessation services are available

in some healthcare facilities and hospitals. There is also a toll-free number from the Ministry of Health and Social Action (MSAS) at 800 00 50 50, which provides advice and guidance to adults who smoke tobacco and are seeking help to quit smoking. Smoking cessation services need to be strengthened to better assist individuals who smoke tobacco and are interested in quitting.

- **Access to smoking cessation programs:** Increase access to affordable smoking cessation programs, including individual counselling, support groups, helplines, and dedicated websites. These services should be free or available at an affordable price.
- **Nicotine replacement therapies (NRT):** Nicotine replacement therapies are available in some private pharmacies, but their price is exorbitant. Make nicotine replacement therapies (such as chewing gums, patches, inhalers, etc.) available and promoted through the National Supply Pharmacy (SEN-PNA) to help individuals who smoke tobacco reduce their dependence on nicotine.
- **Strengthen the capacity of healthcare providers to manage tobacco addiction**

(4) Safeguard: Warning about the Dangers of Tobacco

- **Health awareness and mass communication campaigns**: Organize and implement information campaigns about the dangers of tobacco by using various communication channels, including social media. These messages should highlight the harmful effects of smoking on health, the environment, and the economy.
- **Youth awareness:** Target young people by emphasizing the dangers of smoking from an early age through school programs, extracurricular activities, and interactive workshops. Use testimonials from people who have suffered the consequences of smoking to reinforce the messages.
- **Tobacco education in school curricula:** Integrate tobacco prevention guidelines into school curricula, starting at the primary school level. Reproduce and make available the tobacco control framework in schools. Strengthen the capacities of Regional Education Inspectors (IA), Middle and Secondary Education Inspectors (IEMS), School Life Inspectors (IVS), teachers at Regional Education Personnel Training Centers (CRFPE), teachers supervising school governments and Family Life Education (EVF), Environment, Science, etc., clubs, Parents' Associations (APE), Associations of Mothers of Students (AME), Associations of Educating Mothers (AME/FAWE) and community health actors. Adapt the tobacco control framework for schools according to national, regional and departmental centers for Sports and Cultural Education and Sports and Cultural Associations (ASC).
- **Training modules on tobacco and tobacco products:** Make available training modules on tobacco control in universities, health training schools and technical and vocational training schools.
- **Visual warnings on cigarette packs**: Tobacco packs already display graphic visual warnings highlighting the devastating effects of smoking. Senegal should adopt plain packaging in the near future.

- **Collaboration with NGOs and Civil Society**: Continue collaboration with Non-Governmental Organizations (NGOs), anti-tobacco associations, and advocacy groups as each can play a crucial role in raising awareness, educating, and advocating for tobacco control policies.

(5) Enforce: Impose Bans on Tobacco Advertising, Promotion, and Sponsorship

- **Ban tobacco advertising:** Strengthen the enforcement of the ban on both direct and indirect advertising of tobacco and tobacco products via the internet.

(6) Raise: Increase taxes on tobacco and nicotine products

- Raising taxes on tobacco and nicotine products is one of the most effective strategies for reducing tobacco consumption. Increasing prices discourages young people and those with low incomes from starting to smoke and encourages those who already smoke to quit.
- Create a parafiscal tax on tobacco and tobacco products to set up a Tobacco Control Support Fund (TCSF).

MPOWER INDICATORS

Table 1: MPOWER Summary Indicators – GATS Senegal, 2023

Indicators	Overall	Sex		Residence	
		Men	Women	Urban	Rural
M: Monitoring Tobacco Use and Prevention Policies					
Current tobacco use	4.4	8.2	0.8	5.0	3.9
Current tobacco smokers	4.1	7.8	0.4	4.6	3.6
Current cigarette smokers	3.6	7.1	0.2	4.1	3.2
Current manufactured cigarette smokers	2.9	5.8	0.0	3.7	2.2
Current smokeless tobacco use	0.4	0.3	0.5	0.4	0.4
Average number of cigarettes smoked per day[1]	8.3	8.4	*	9.8	6.7
Average age at onset of daily tobacco use [2]	21.0	21.0	*	20.5	*
Former smokers among smokers Daily	49.1	50.4	*	49.9	48.3
P: Protecting people from tobacco smoke					
Exposure to secondhand smoke at home at least once a month	15.0	17.1	12.9	15.6	14.5
Exposure to secondhand smoke at work[§]	21.1	23.7	16.1	18.9	25.4
Exposure to secondhand smoke in public places[3,§]					
Government buildings/offices	15.4	15.8	14.6	15.9	14.6
Healthcare facilities	6.0	4.9	6.8	5.4	6.7
Restaurants	24.8	24.1	26.2	28.3	17.3
Bars and nightclubs	74.8	78.6	*	69.8	*
Public transportation	11.7	12.5	10.7	12.2	11.1
O: Offer help to quit smoking					
I have tried to quit smoking in the past 12 months[4]	52.4	52.2	*	53.8	50.6
A healthcare professional advised me to quit smoking[4,5]	*	*	*	*	*
I have tried to quit smoking using a specific cessation method:[4]					
Pharmacotherapy	1.4	1.5	*	2.5	0.0
Counselling/advice	3.8	4.1	*	6.2	0.8
Interest in quitting smoking[6]	62.5	63.1	*	60.2	65.2
W: Warn about the dangers of smoking					
Belief that smoking tobacco causes serious illnesses	87.2	87.8	86.6	87.5	86.9
Belief that smoking causes stroke, heart attack, and lung cancer	51.2	51.9	50.6	49.8	52.5
Belief that breathing second-hand smoke causes serious illnesses	85.7	87.1	84.4	90.5	81.6
I have noticed anti-smoking information anywhere [§]	49.7	53.6	45.8	55.1	45.0
I am thinking of quitting smoking because of the health warnings on cigarette packages [6,§]	37.5	39.7	*	39.4	35.4
E: Enforce bans on tobacco advertising, promotion, and sponsorship					
Have you noticed any cigarette advertising, sponsorship, or promotion?[§]	10.7	11.1	10.4	12.1	9.6
R: Increase tobacco taxes					
Average monthly cigarette expenditure (CFA francs)[7]	8777.8	8802.4	*	10363.5	6700.8
Average cost of 20 manufactured cigarettes (CFA francs)[7]	849.2	848.8	*	867.9	813.7
Last cigarette purchase was in a store [7]	26.6	26.6	*	18.3	38.9

Notes:
1 Among current daily cigarette smokers.
2 Among respondents aged 20-34 who are daily tobacco smokers.
3 Among those who visited the location in the last 30 days.
4 Among past-year tobacco smokers (includes current smokers and those who quit smoking in the past 12 months).
5 Among those who consulted a healthcare provider in the past 12 months.
6 Among current tobacco smokers.
7 Among current smokers of manufactured cigarettes.
§ In the past 30 days.
*Indicates that the estimate has been suppressed due to an unweighted sample size below 25.

Source: NASD. GATS 2023

Table 2: Summary of trends in MPOWER indicators - GATS Senegal, 2015 and 2023

	2015			2023			Relative change		
Indicator	**Overall**	**Men**	**Women**	**Overall**	**Men**	**Women**	**Overall**	**Men**	**Women**
M: Monitor tobacco use and prevention policies									
Current tobacco use[1]	6.0 (5.1, 7.0)	11.0 (9.4, 12.9)	1.2 (0.7, 2.0)	4.4 (3.6, 5.4)	8.2 (6.8, 9.9)	0.8 (0.4, 1.5)	-25.6**	-25.4**	-37.7
Current tobacco smoking	5.4 (4.6, 6.3)	10.7 (9.1, 12.5)	0.4 (0.2, 0.8)	4.1 (3.3, 5.0)	7.8 (6.4, 9.5)	0.4 (0.2, 1.1)	-24.0**	-26.8**	14.4
Current cigarette smoking	4.9 (4.1, 5.8)	9.7 (8.2, 11.5)	0.3 (0.1, 0.7)	3.6 (3.0, 4.5)	7.1 (5.8, 8.7)	0.2 (0.1, 0.6)	-25.1**	-26.6**	-18.6
Current manufactured cigarette smoking	4.0 (3.2, 4.8)	8.0 (6.5, 9.7)	0.2 (0.1, 0.5)	2.9 (2.3, 3.6)	5.8 (4.6, 7.2)	0.0 (0.0, 0.2)	-27.1**	-27.4**	-73.4**
Average number of cigarettes smoked per day[2]	9.4 (8.0, 10.8)	9.5 (8.0, 10.9)	*	8.3 (7.2, 9.4)	8.4 (7.2, 9.6)	*	-11.8	-11.6	*
Average age at daily smoking initiation[3]	17.2 (16.2, 18.2)	17.3 (16.2, 18.3)	*	21.0 (19.4, 22.6)	21.0 (19.4, 22.7)	*	22.0**	21.9**	*
Former smokers among ever daily smokers	50.6 (44.8, 56.3)	51.2 (45.3, 57.0)	*	49.1 (41.2, 57.1)	50.4 (42.6, 58.3)	*	-2.9	-1.4	*
P: Protect people from tobacco smoke									
Exposure to secondhand smoke at home at least monthly	21.6 (19.4, 24.0)	24.5 (21.5, 27.8)	19.0 (16.8, 21.4)	15.0 (13.1, 17.1)	17.1 (14.6, 19.9)	12.9 (10.8, 15.5)	-30.7**	-30.2**	-31.8**
Exposure to secondhand smoke at work[§]	30.4 (26.5, 34.6)	33.0 (28.4, 37.9)	25.1 (19.4, 31.7)	21.1 (17.4, 25.4)	23.7 (18.8, 29.3)	16.1 (11.3, 22.3)	-30.6**	-28.3**	-36.0**
Exposure to secondhand smoke in public places:[4,§]									
Government building/offices	24.2 (20.9, 27.9)	26.8 (22.3, 31.7)	20.3 (15.5, 26.0)	15.4 (12.1, 19.2)	15.8 (11.9, 20.8)	14.6 (10.3, 20.3)	-36.6**	-40.9**	-27.9
Health care facilities	10.2 (8.3, 12.4)	11.7 (8.6, 15.6)	9.1 (7.0, 11.8)	6.0 (4.6, 7.9)	4.9 (3.1, 7.7)	6.8 (4.9, 9.4)	-40.8**	-58.0**	-25.0
Restaurants	28.8 (23.7, 34.5)	27.0 (21.0, 34.1)	32.9 (24.9, 42.0)	24.8 (19.5, 30.9)	24.1 (18.3, 31.1)	26.2 (17.4, 37.3)	-13.9	-10.8	-20.4
Bars or nightclubs	79.3 (67.0, 87.8)	83.8 (67.4, 92.9)	66.4 (44.4, 83.1)	74.8 (56.8, 87.0)	78.6 (56.5, 91.3)	-	-5.7	-6.2	-
Public transportation	14.3 (12.6, 16.3)	17.5 (14.9, 20.5)	10.9 (9.1, 13.1)	11.7 (9.8, 13.8)	12.5 (10.0, 15.5)	10.7 (8.3, 13.7)	-18.6**	-28.5**	-2.4
O: Offer help to quit tobacco use									
Made a quit attempt in the past 12 months[5]	59.6 (52.4, 66.5)	59.9 (52.5, 67.0)	*	52.4 (42.7, 62.0)	52.2 (42.1, 62.1)	*	-12.1	-12.9	*
Advised to quit smoking by a health care provider[6,7]	50.9 (34.4, 67.3)	51.9 (34.6, 68.7)	*	-	-	*	*	*	*
Attempted to quit smoking using a specific cessation method:[5]									
Pharmacotherapy	10.5 (5.8, 18.2)	10.8 (6.0, 18.7)	*	1.4 (0.3, 6.9)	1.5 (0.3, 7.3)	*	-86.4**	-86.0**	*
Counselling/advice	4.8 (2.1, 10.5)	4.9 (2.2, 10.8)	*	3.8 (1.5, 9.7)	4.1 (1.6, 10.2)	*	-19.5	-17.3	*
Interest in quitting smoking[7]	79.8 (73.5, 85.0)	80.3 (73.7, 85.6)	*	62.5 (51.8, 72.2)	63.1 (51.6, 73.3)	*	-21.7**	-21.4**	*

Source: NASD, GATS 2023

Table 2…..Cont.

Indicator	2015			2023			Relative change		
	Overall	Men	Women	Overall	Men	Women	Overall	Men	Women
W: Warn about the dangers of tobacco									
Belief that smoking tobacco causes serious illness	93.9 (92.7, 94.8)	94.2 (92.7, 95.3)	93.6 (92.1, 94.8)	87.2 (85.2, 88.9)	87.8 (85.2, 90.0)	86.6 (84.3, 88.7)	-7.1*	-6.8**	-7.4**
Belief that smoking causes stroke. heart attack. and lung cancer	61.4 (58.8, 63.9)	62.3 (59.3, 65.3)	60.4 (57.3, 63.4)	51.2 (48.5, 54.0)	51.9 (48.5, 55.2)	50.6 (47.3, 53.9)	-16.5*	-16.8**	-16.3**
Belief that breathing other people's smoke causes serious illness	91.9 (90.6, 93.0)	92.3 (90.6, 93.7)	91.5 (89.7, 92.9)	85.7 (84.1, 87.2)	87.1 (85.1, 88.9)	84.4 (82.3, 86.3)	-6.7*	-5.6**	-7.7**
Noticed anti-cigarette smoking information at any location[§]	46.6 (44.1, 49.0)	47.6 (44.6, 50.5)	45.7 (42.6, 48.8)	49.7 (47.0, 52.4)	53.6 (50.2, 57.1)	45.8 (42.7, 49.0)	6.7	12.8*	0.4
Thinking of quitting because of health warnings on cigarette packages[7,§]	31.5 (25.2, 38.7)	31.9 (25.4, 39.2)	*	37.5 (28.4, 47.7)	39.7 (30.3, 49.9)	*	19.0	24.3	-
E: Enforce bans on tobacco advertising. promotion. and sponsorship									
Noticed any cigarette advertisement. sponsorship. or promotion[§]	20.6 (18.7, 22.7)	25.1 (22.4, 27.9)	16.5 (14.4, 18.8)	10.7 (9.2, 12.5)	11.1 (9.2, 13.3)	10.4 (8.6, 12.5)	-48.0*	-55.8**	-36.9**
R: Raise taxes on tobacco									
Average cigarette expenditure per month (*CFA franc*)[8.9]	8565.8 (7194.2, 9937.4)	8525.7 (7146.7, 9904.6)	*	8777.8 (6244.9, 11310.7)	8802.4 (6245.9, 11358.9)	*	2.5	3.2	*
Average cost of 20 manufactured cigarettes (*CFA franc*)[8.9]	700.6 (641.8, 759.4)	699.0 (638.3, 759.7)	*	849.2 (658.7, 1039.7)	848.8 (657.2, 1040.3)	*	21.2	21.4	*
Last cigarette purchase was from a store[7]	32.1 (24.3, 41.1)	31.0 (23.3,. 39.8)	*	26.6 (17.4, 38.5)	26.6 (17.3, 38.5)	*	-17.1	-14.1	*

[1] Current tobacco use includes current tobacco smoking. current smokeless tobacco use. or current heated tobacco product use (included in the 2023 questionnaire but not in 2015).
[2]Among adults who current smoked cigarettes daily. [3] Among adults 20-34 years of age who ever smoked tobacco daily. [4] Among those who visited the place in the last 30 days. [5] Among adults who currently smoked tobacco in the past-year (includes adults who currently smoked tobacco and those who quit in the past 12 months). [6] Among those who visited a health care provider in past 12 months. [7] Among adults who currently smoked tobacco. [8] Among adults who currently smoked manufactured cigarettes. [9] GATS Senegal 2015 cost data were adjusted for inflation for direct comparison to 2023 using the Inflation Rate for Average Consumer Prices from the International Monetary Fund's World Economic Outlook Database. [§] In the last 30 days.

* Indicates estimate is suppressed due to unweighted sample size less than 25.

** $p<0.05$

Results for prevalence estimates / averages and 95% CIs are rounded to the nearest tenth (0.1). The relative changes are calculated using un-rounded prevalence estimates and might be different if calculated using rounded prevalence estimates shown in this table.

Source: NASD, GATS 2023

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