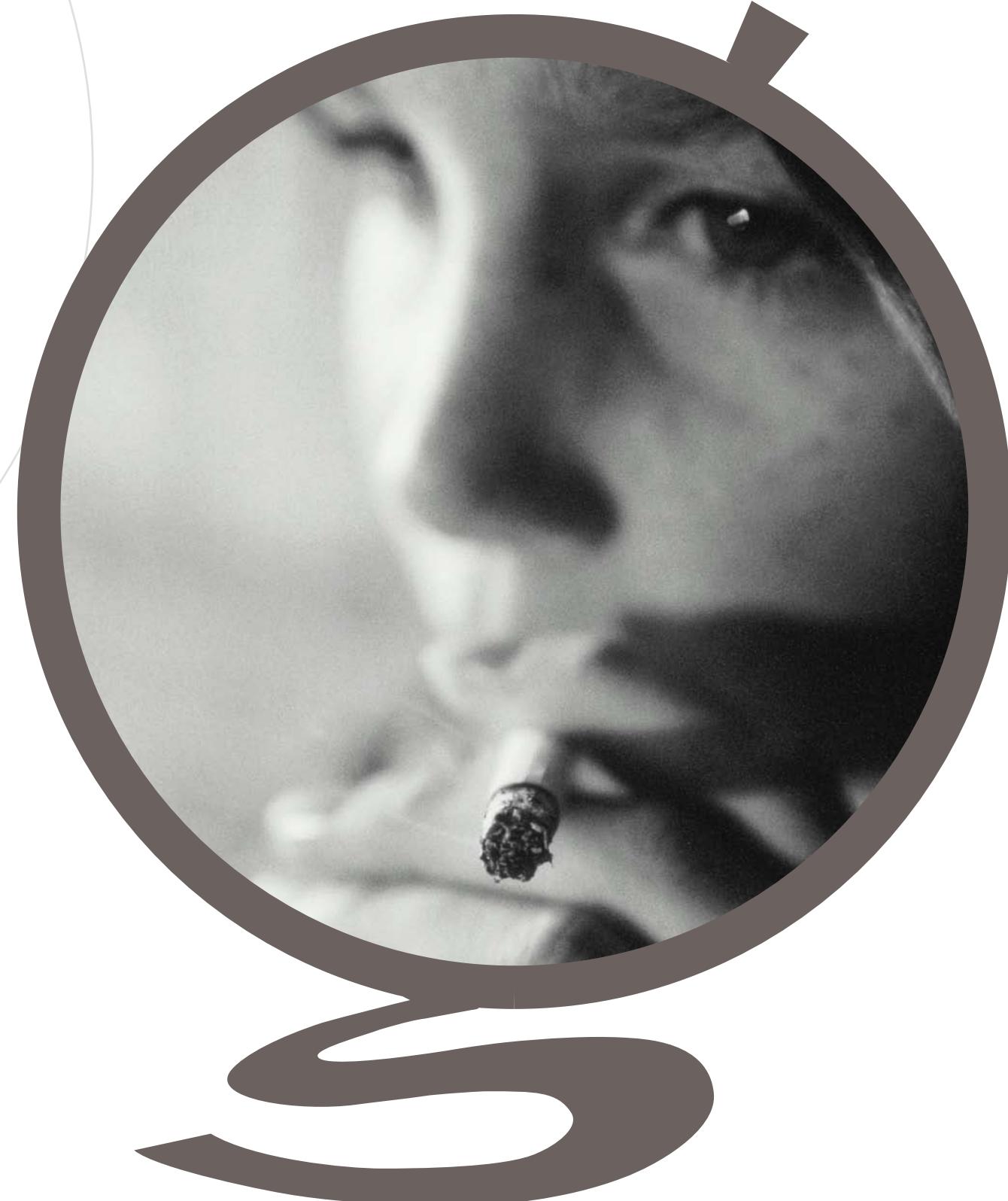


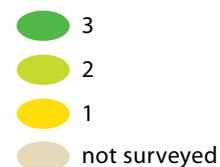
PART
THREE

Global Youth Tobacco Survey



GYTS SURVEYS

Number per country 1999–2008



GYTS is the world's largest public health surveillance system.



GYTS Topics

1. Prevalence of tobacco use
 2. Knowledge and attitudes regarding tobacco
 3. Second-hand smoke exposure
 4. Pro- and anti-tobacco media and advertising exposure
 5. Desire for smoking cessation
 6. Access to and availability of tobacco
 7. School curricula addressing tobacco use and its health effects
 8. Demographics

The purpose of the Global Youth Tobacco Survey (GYTS) is to enhance countries' capacity to monitor youth tobacco use, guide national tobacco prevention and control programs, and facilitate comparison of tobacco-related data at the national, regional, and global levels.

GYTS began in 1998 with a meeting between WHO and CDC, which concluded that there was a need for surveillance of tobacco use among adolescents, as

few countries had reliable data. The surveillance effort should include all WHO member states, and use a standardized methodology among students aged 13–15 years. A “core” questionnaire would be developed. CDC would provide technical assistance to the project and would serve as the Data Coordinating Center.

The core 2008 GYTS questionnaire includes 54 questions covering eight topics or categories;

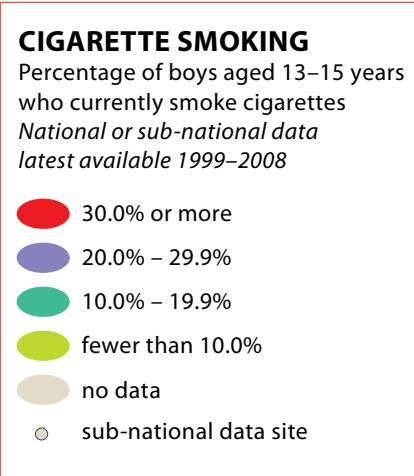
country representatives can add their own questions. The questionnaires are translated into local languages, and tested in focus groups.

The quality of the GYTS data has been very high. Consistency failures or out-of-range responses rarely exceed 5 percent per question. The GYTS is administered during one class period, and administration procedures are designed to protect students' privacy by assuring that their participation

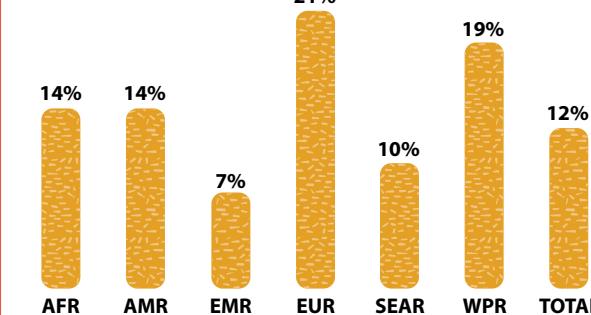
is anonymous and voluntary.

The GYTS is subject to at least four limitations. First, the GYTS is limited to students attending school. Second, these data apply only to youths who were in school the day of the survey. Third, GYTS has not been completed in many high-income countries. Finally, data were based on the self-report of students.

GYTS Monitoring Cigarette Smoking – Boys 6



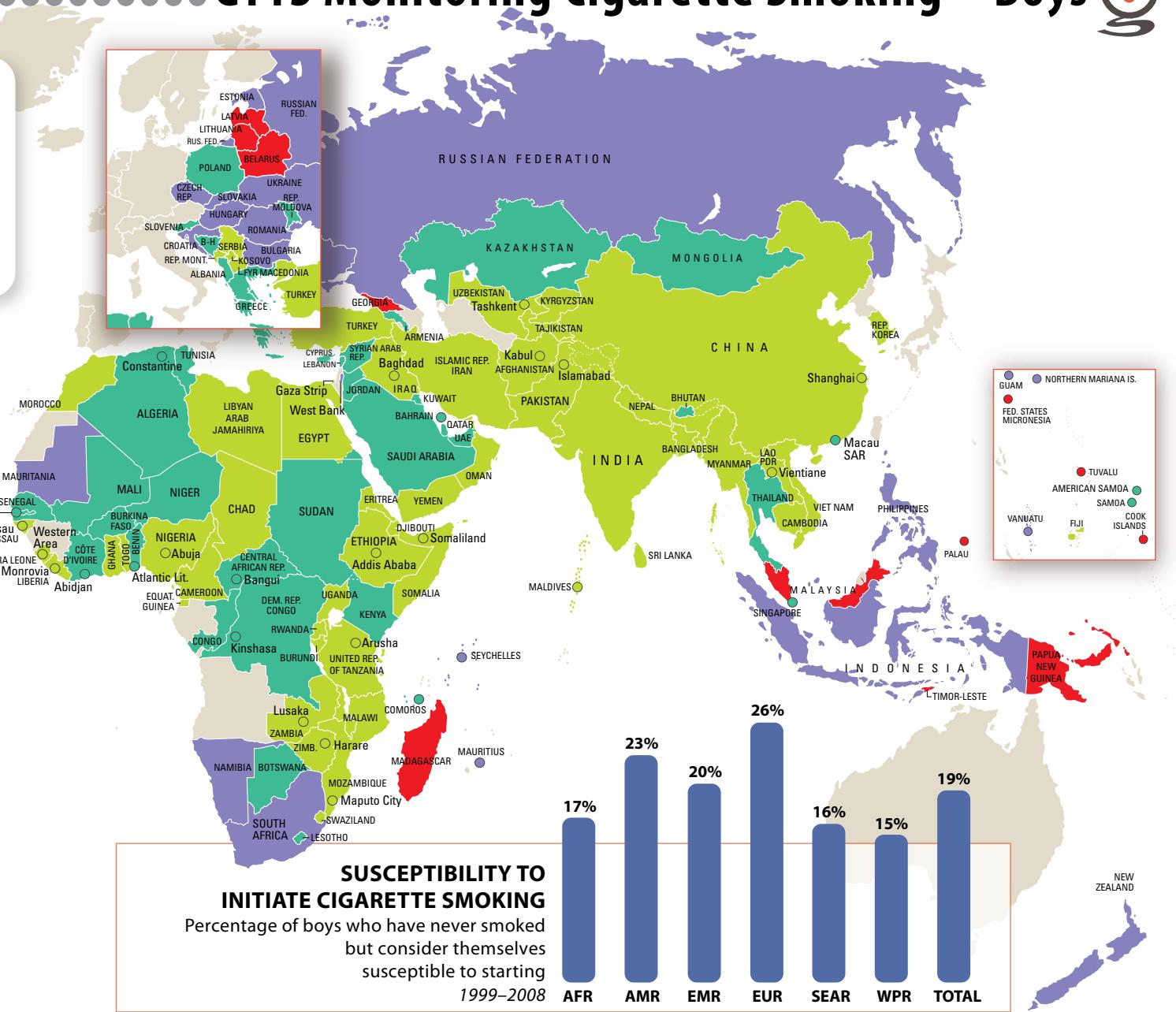
CIGARETTES
Percentage of boys
who currently smoke cigarettes
1999–2008



Overall, 12 percent of boys currently smoke cigarettes. The rates are highest in the regions of Europe and Western Pacific, and lowest in those of Eastern Mediterranean and South-East Asia.

Cigarette smoking prevalence for boys varies substantially between regions, from less than 8 percent in Eastern Mediterranean to 21 percent in Europe.

No difference was observed in cigarette smoking prevalence between boys and girls in 58% of the countries. Boys had higher rates than girls in 39% of the countries. Girls had higher rates than boys in 3% of the countries.



SUSCEPTIBILITY TO INITIATE CIGARETTE SMOKING

Percentage of boys who have never smoked but consider themselves susceptible to starting 1999–2008

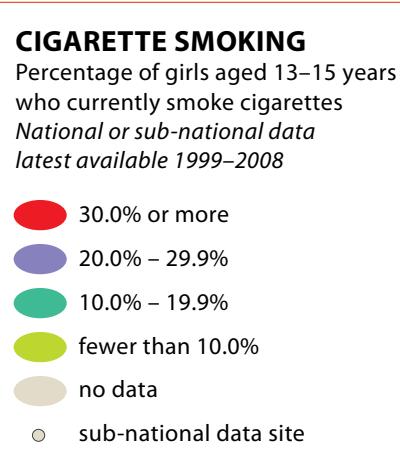
Among the 165 sites surveyed, in 12 countries prevalence was greater than 30 percent; in 65 countries prevalence was less than 10 percent.

Boys are much more likely than girls to smoke cigarettes in the regions of Africa, Eastern Mediterranean, South-East Asia, and Western Pacific. No significant gender differences were observed in the Americas and Europe.

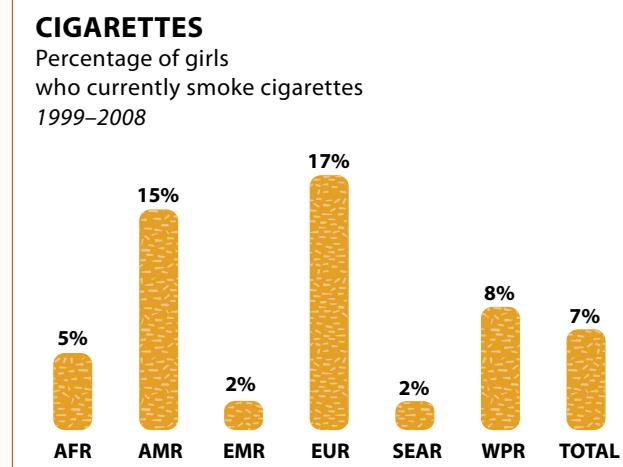
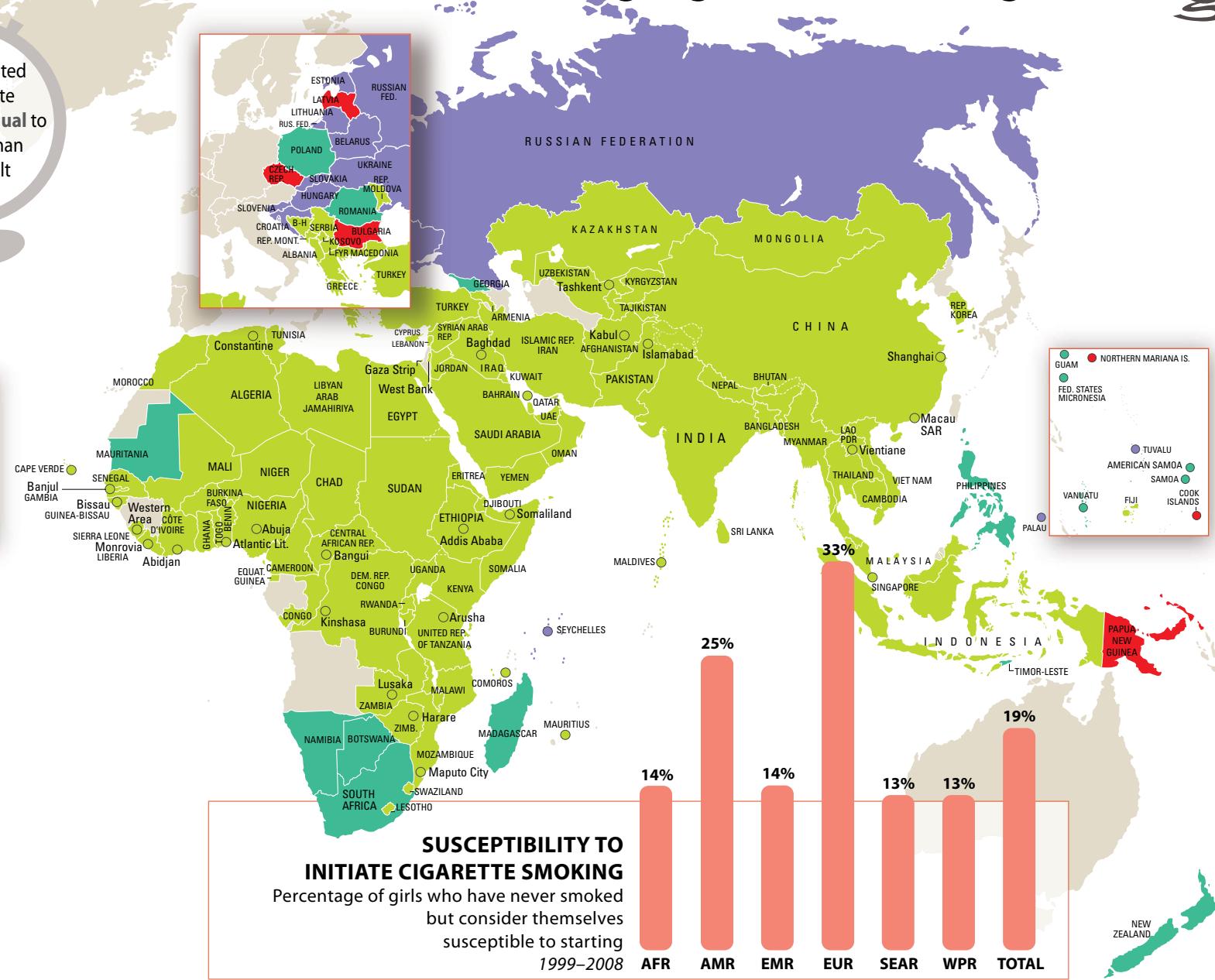
Susceptibility to initiate cigarette smoking is higher than current smoking rates in all regions except the Western Pacific.

Among students who had never smoked, 19 percent said that they were susceptible to starting to smoke within the next year, and overall there was no difference between boys and girls in this respect.

GYTS Monitoring Cigarette Smoking – Girls 7



Half of sites indicated
girls' cigarette
smoking was equal to
or greater than
that of adult
females



Overall, nearly 7 percent of female students currently smoke cigarettes. The rates are highest in the regions of Europe and the Americas, and lowest in those of Eastern Mediterranean and South-East Asia.

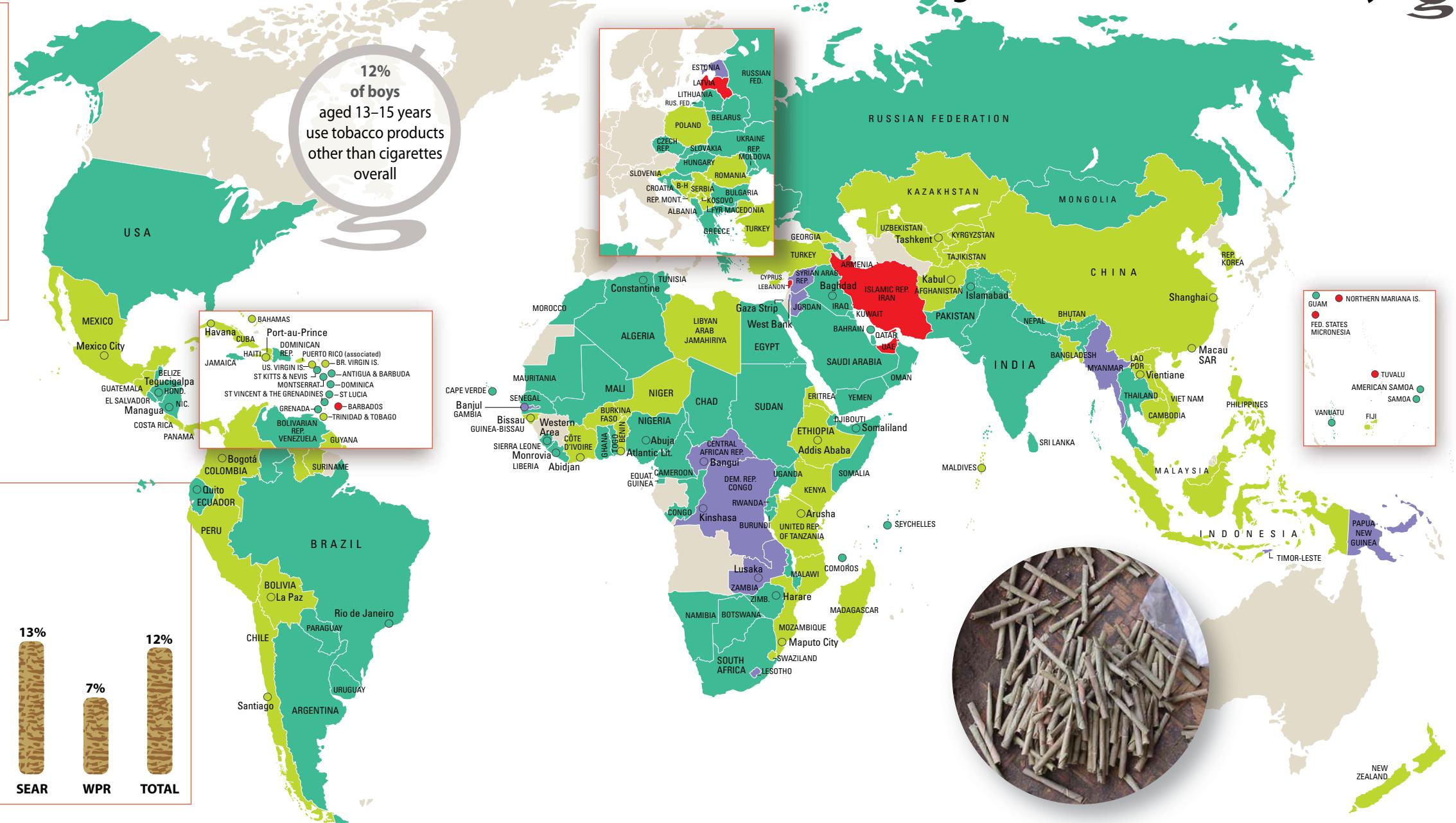
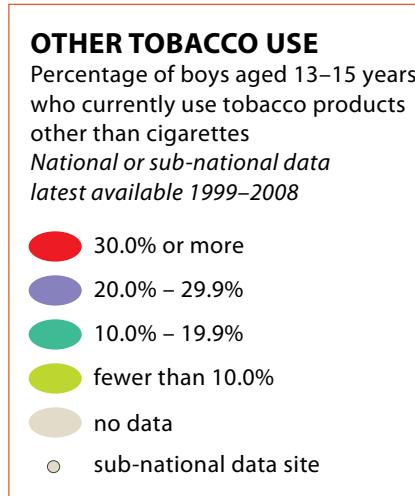
Cigarette smoking prevalence for girls varies between regions, from 2 percent in Eastern Mediterranean and South-East Asia to 17 percent in Europe.

Among the 165 sites surveyed, in 7 countries prevalence was greater than 30 percent; in 112 countries prevalence was less than 10 percent.

Girls are much less likely to smoke cigarettes than boys in the regions of Africa, Eastern Mediterranean, South-East Asia, and Western Pacific; yet in the Americas girls are more likely than boys to smoke cigarettes. No significant gender differences were

observed in the Americas and Europe.

Among girl students who had never smoked, susceptibility to initiate smoking is higher than current smoking rates in all regions. Nineteen percent of girls who had never smoked said that they were susceptible to initiate smoking within the next year, and overall there was no difference between boys and girls in this respect.



Overall, 12 percent of boys use other tobacco besides cigarettes, and 12 percent smoke cigarettes. Rates are highest in the Eastern Mediterranean and lowest in the Western Pacific. Boys are more likely than girls to use other tobacco products.

Rates of other tobacco use (such as pipes, water pipes, cigars, smokeless tobacco, and bidis) are more

uniform between the regions than is the case with cigarette smoking. In South-East Asia, other tobacco use mainly takes the form of bidis, and in the Eastern Mediterranean, the shisha (waterpipe) is the most prevalent form. Emerging use of the waterpipe is also found in several European countries.

Among the 165 sites surveyed, 8 countries reported a prevalence greater than or equal to 30 percent; in

58 countries prevalence was less than 10 percent. Use of other tobacco products is greater than cigarette use in the regions of Eastern Mediterranean and South-East Asia.



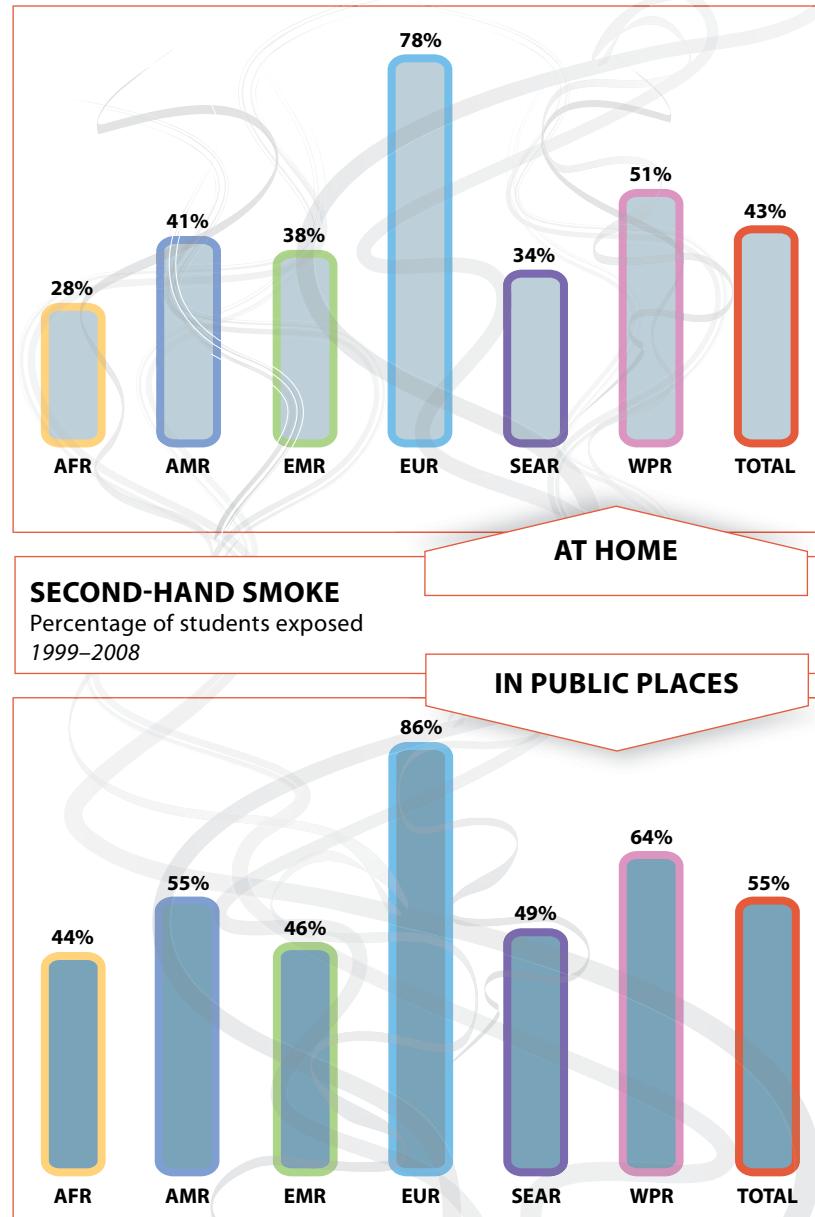
Overall, 8 percent of girls use other tobacco besides cigarettes, compared to 7 percent who smoke cigarettes.

Among girls aged 13 to 15 years, use of other tobacco products is greater than cigarette use in the African, Eastern Mediterranean and South-East Asia regions, while cigarettes are used by girls more than other forms of tobacco in Europe, the Americas, and the Western Pacific regions.

The rates of other tobacco use (such as pipes, waterpipes, smokeless tobacco, and bidis) are fairly uniform between the regions. Other forms of tobacco use in South-East Asia mainly take the form of bidis, and in the Eastern Mediterranean the shisha (waterpipe). Emerging use of the waterpipe is also found in several European countries.

Among the 165 sites surveyed, 6 countries reported a prevalence greater than or equal to 30 percent; in 103 countries prevalence was less than 10 percent.



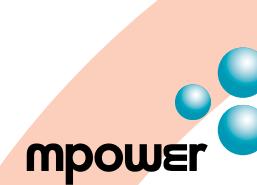
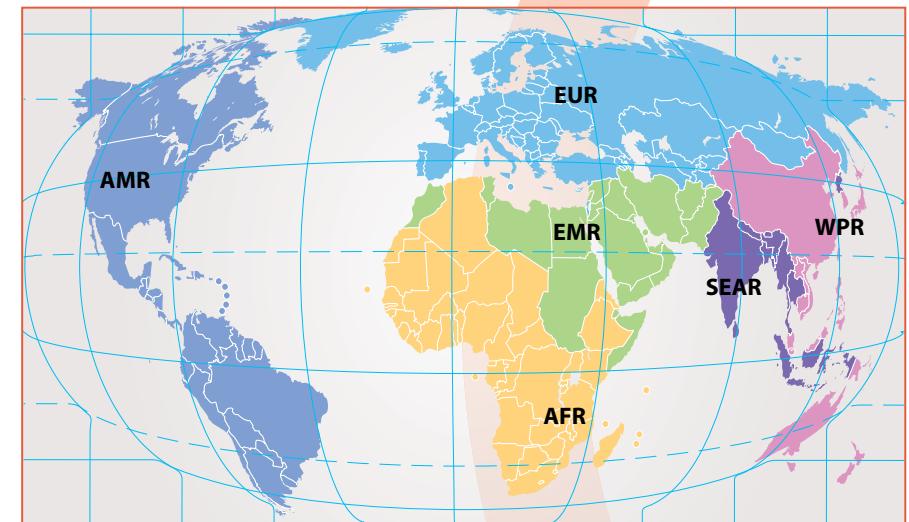


Second-hand smoke, also known as passive smoking or environmental tobacco smoke, is a mixture of "sidestream" smoke from the burning tip of a cigarette and "mainstream" smoke exhaled by a smoker. It contains at least 50 cancer-producing chemicals.

According to the United States Department of Health and Human Services 2006 Surgeon General's Report, there is no safe level of second-hand smoke exposure.

Children and youth are especially vulnerable to second-hand smoke exposure. There is firm evidence that it causes middle-ear disease, respiratory symptoms such as coughing and wheezing, impaired lung function, sudden infant death syndrome (SIDS), and lower respiratory illness, including infections. There is suggestive evidence that it might lead to some cancers, and asthma.

The GYTS data indicate that second-hand smoke



PROTECT PEOPLE FROM TOBACCO SMOKE

In:

- health-care facilities
- education facilities
- university facilities
- government facilities
- indoor offices
- restaurants
- pubs and bars
- other indoor workplaces

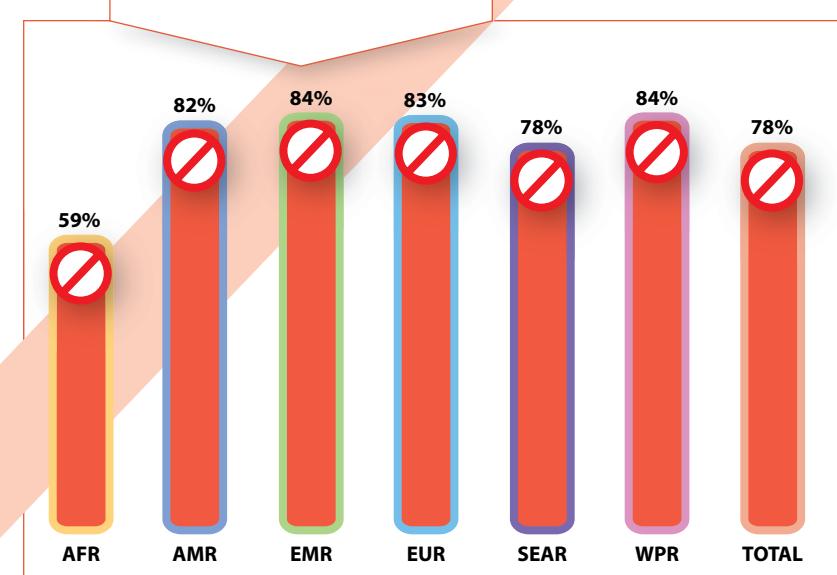
WHO Framework Convention on Tobacco Control

Article 8: Protection from exposure to tobacco smoke

Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability. Each Party shall adopt and implement ... measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

SMOKING BAN

Percentage of students who favor a ban in public places
1999–2008



Worldwide, **fewer than 5% of people are protected by comprehensive smoke-free laws:**
9% in high-income
4% in middle-income
3% in low-income countries

exposure is alarmingly high, and is a worldwide public-health priority. Over half of the students surveyed reported that they had been exposed to second-hand smoke in public places during the week preceding the survey; four in 10 were exposed to smoke in their home.

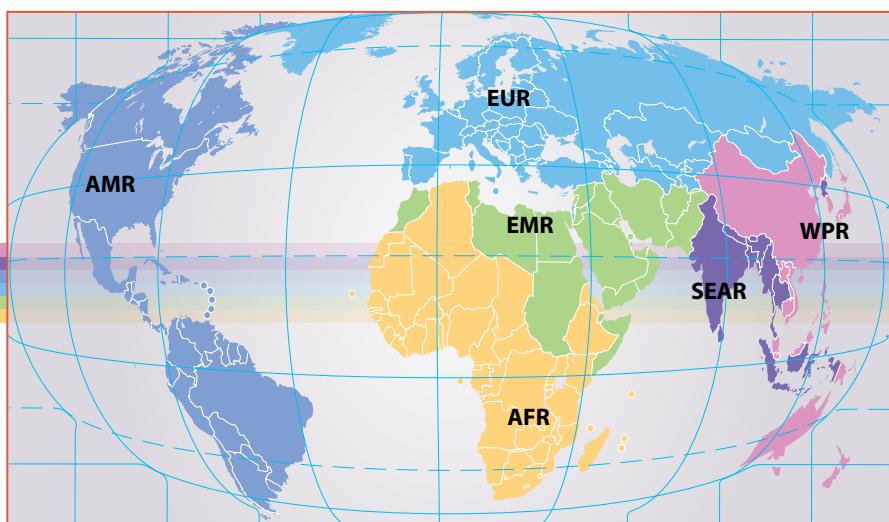
Eight in 10 students favor a ban on smoking in public places. More than half of countries worldwide still allow smoking in government offices, work spaces,

and other indoor settings. Even in countries with smoke-free laws, only one-third have moderate levels of enforcement.



 WHO Framework Convention on Tobacco Control
Article 14 on Cessation

Each Party shall endeavour to design and implement effective programmes aimed at promoting the cessation of tobacco use, in such locations as educational institutions, health-care facilities, workplaces and sporting environments.

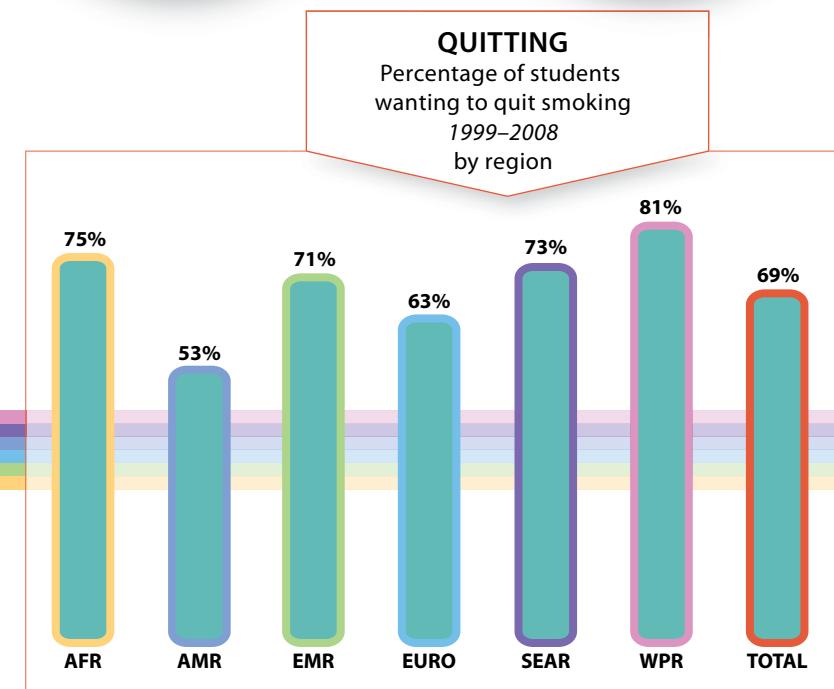


The GYTS asks students who currently smoke cigarettes if they would like to stop smoking now. Results indicate 69 percent of current smokers would like to do so.

There is a wide range of effective cessation services, including brief routine advice from health-care workers, quit lines, and medications. Tobacco taxes can be used to fund cessation treatment.

The *WHO Report on the Global Tobacco Epidemic, 2008* urges countries to: "establish programmes providing low-cost, effective treatment for tobacco users who want to escape their addiction." Yet only nine high-income or middle-income countries, covering only 5 percent of the world's population, offer complete cessation services to adults or youth. This leaves 95 percent of people without access to comprehensive treatment for tobacco dependence.

69%
of students
who currently smoke
want to stop



There are even fewer services specifically aimed at helping youth quit.

The problem facing most countries is summarized in the report *Youth Tobacco Cessation: A Guide for Making Informed Decisions*:

"...a literature review of 66 published studies on youth tobacco-use cessation and reduction ... concluded that most of the studies lacked the

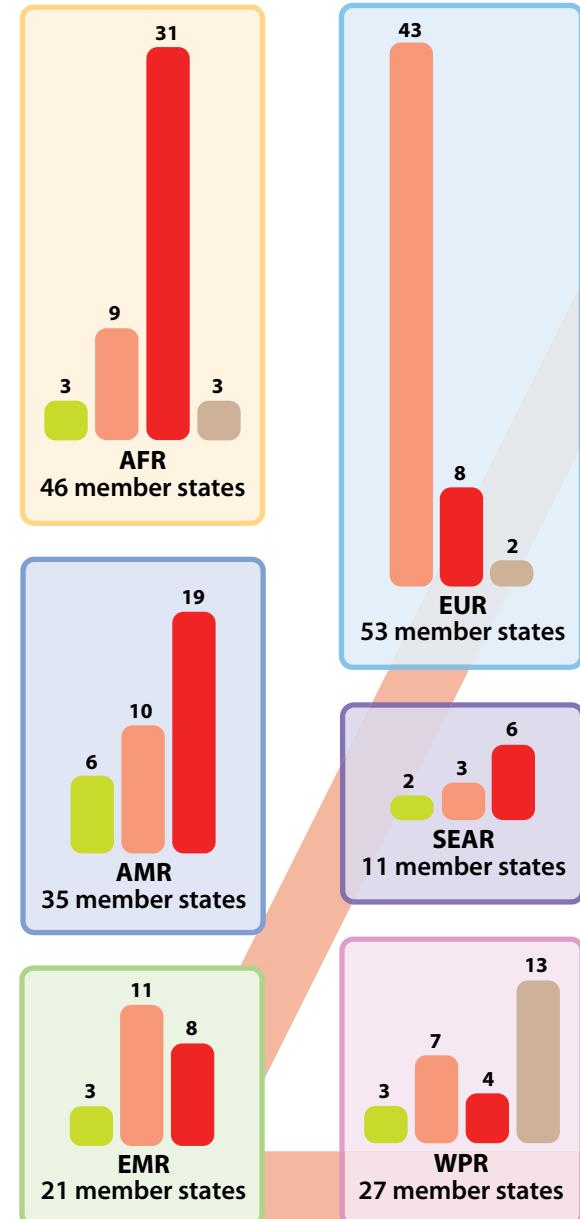
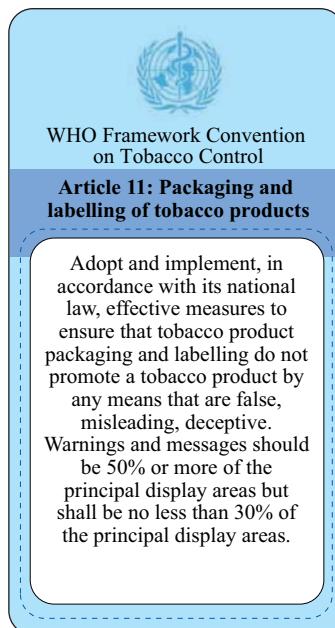
quality and consistency of findings to allow conclusive recommendations about effective practices."

More research is therefore needed to evaluate and identify effective youth tobacco-cessation programs.

WARNING LABELS

Number of countries in each WHO region complying with obligation under Article 11 of FCTC to make health warnings on tobacco product packaging mandatory 2008

- warning mandatory on 50% or more of front and back of packet
- warning mandatory on less than 50% of front and back of packet
- warning not mandatory
- no data available



Warning labels on tobacco packs are a cost-effective method of advertising about the dangers of tobacco use.

Many tobacco users cannot name specific diseases caused by smoking, other than lung cancer, and do not know that smoking causes heart disease, stroke, and other types of cancer.

Health warnings on tobacco packaging increase

smokers' awareness of their risk. Use of pictures with graphic depictions of disease and other negative images has greater impact than words alone, and is critical in reaching the large number of people worldwide who are illiterate. Pictures are also effective in conveying messages to children.

Packet warnings can also convey information on second-hand smoke, the costs to the consumer, and information and advice on how to quit smoking.



Only 66 countries have laws that ban the use of deceptive industry marketing terms such as "light" and "low-tar". 9% of all WHO member states have package warning labels greater than or equal to 50% of the principal display area.



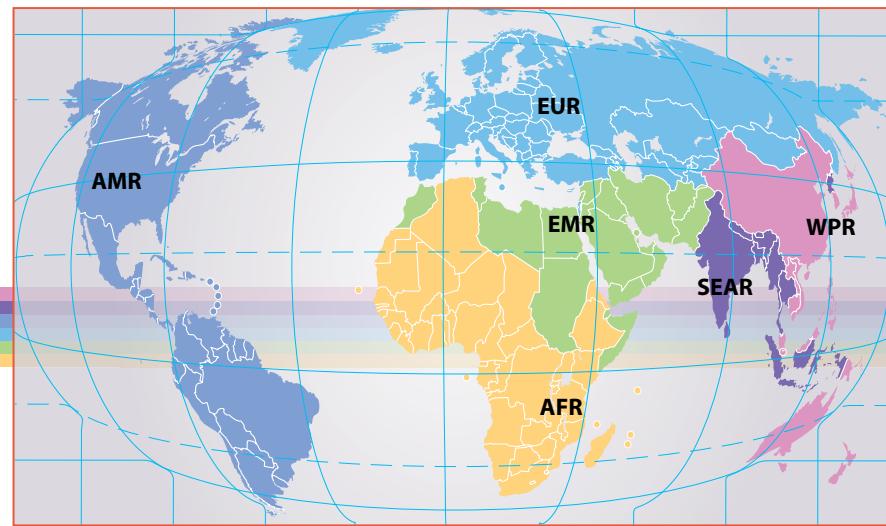
Policies mandating health warnings on tobacco packaging cost governments nothing to implement and have overwhelming public support. Countries can easily improve their policies by increasing warning sizes, strengthening the words of the warning, and including pictures, all at no cost.

The next step is to implement plain packaging, with no industry logo, motifs or colors, and with a large pictorial health warning dominating the packet.

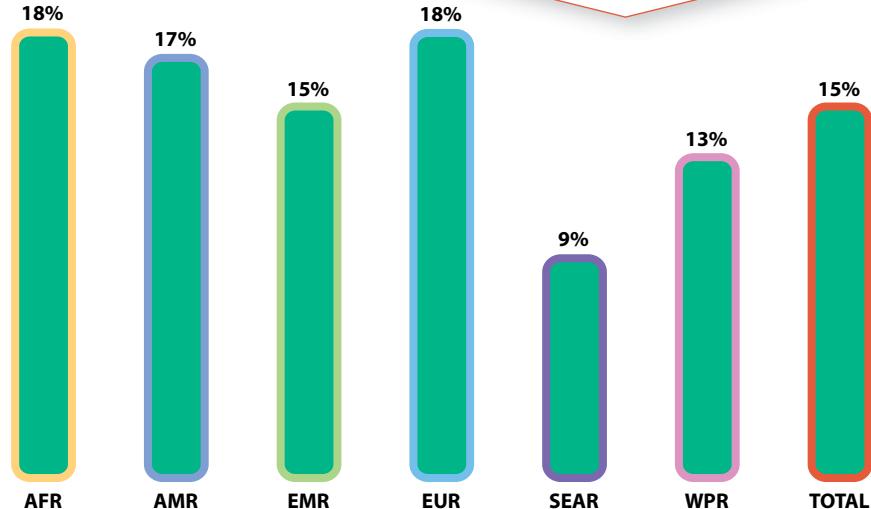
According to MPOWER, the South-East Asia region has the highest percentage, 18 percent, of member states complying with WHO's health warning label recommendation, while the European region has no member states in compliance.

mpower

- Enforce bans on tobacco advertising & sponsorship
 - prohibitions on advertising in all types of media
 - restrictions on marketing activities by importers & retailers
 - restrictions on promotional activities involving the sporting & entertainment industries

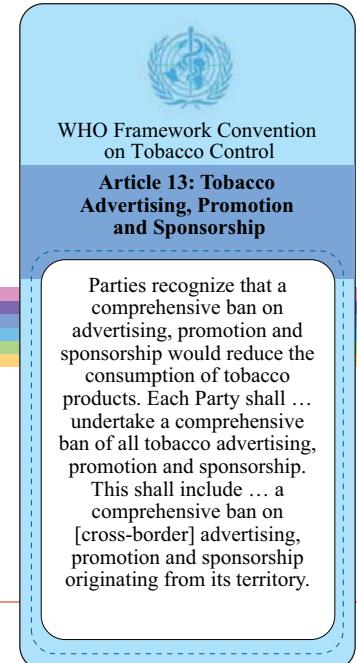


BRAND MARKETING
Percentage of students
who own an object with logo
or other cigarette branding
1999–2008

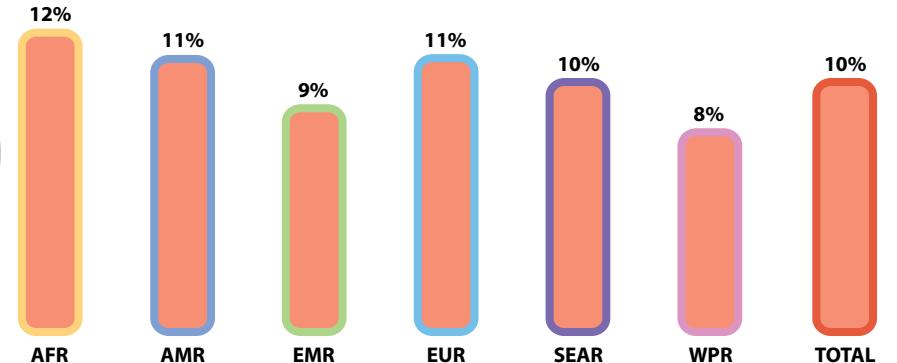


1 in 7
students owns
an object with logo
or other cigarette
branding

Only 5% of the world's population live in countries with **complete bans** on advertising, promotion and sponsorship.



FREE CIGARETTES
Percentage of students
who have ever been
offered free cigarettes
by a tobacco-company
representative
1999–2008



Only 5 percent of the world's population live in a country with a complete ban on advertising and promotion. Many countries have weaker bans, but even these are often not well enforced. Tobacco companies are also adept at shifting to another form of promotion when one form is banned.

More and more countries are banning tobacco promotion. For example, in 2007, 27 countries had

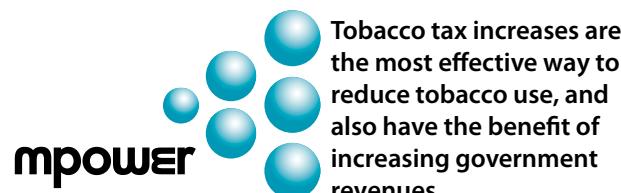
banned direct advertising on the internet and 52 had banned point-of-sale advertising. And, despite extensive marketing by the tobacco industry, approximately seven in 10 students who currently smoke report that they want to stop doing so.

Overall, 15 percent of students own an object with a cigarette-brand logo on it, and 10 percent have been offered free cigarettes by a tobacco company

representative. GYTS results indicate that approximately seven in 10 students who smoke are not refused purchase from a store in the 30 days preceding the survey.

Tobacco promotion is still widespread: in the electronic and print media, on outdoor billboards, at point of sale, through free gifts and merchandise, by sponsorship – for example of sports, arts, and pop

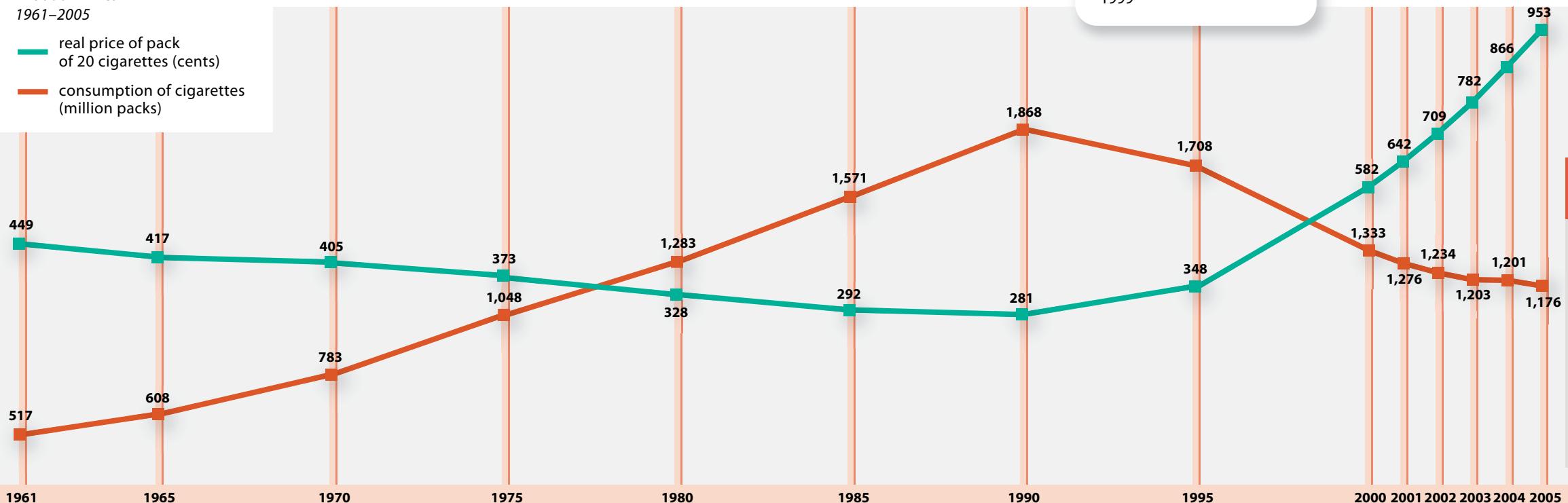
music – and by brand extension on non-tobacco products such as clothing. Newer modes of promotion are via the movies and the internet.



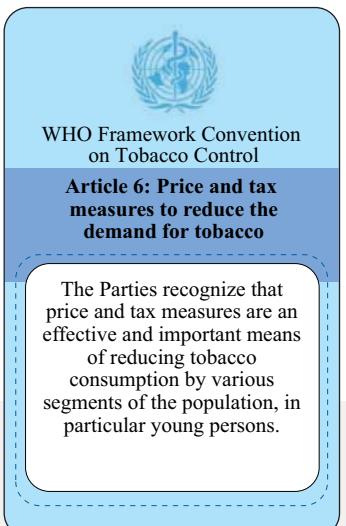
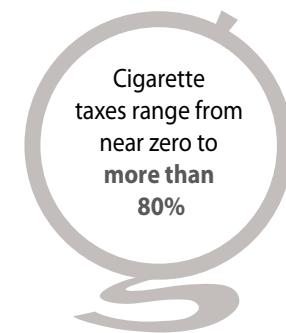
PRICES UP SMOKING DOWN

Cigarette price and consumption in South Africa
1961–2005

- real price of pack of 20 cigarettes (cents)
- consumption of cigarettes (million packs)



"Even modest price increases could have a striking impact on the prevalence of smoking and on the number of tobacco related premature deaths." – The World Bank, 1999



Advantages of Raising Tobacco Tax

- reduces tobacco consumption, especially among the young
- increases government revenues
- lowers health-care costs
- helps households save money by reducing tobacco use
- can pay for tobacco control

Tobacco taxation is the single most effective measure to reduce smoking, especially among young. Yet, there are often misconceptions that education or banning sales alone to young people are more important.

GYTS data demonstrates that in the month preceding the survey about half of students who smoke usually purchase cigarettes in stores; more than 70 percent were not refused purchase because of their age.

The WHO FCTC calls upon governments to adopt tax and price policies that reduce tobacco consumption. The World Bank proposes that taxes should account for two-thirds to two-fourths of the retail price of cigarettes.

In fact, tobacco tax increases are often the only type of tax increase popular with a majority of the public. Tax increases are supported by nonsmokers and smokers as well.

It is important to consider taxing all types of tobacco products. Taxes on cheap tobacco products should be equivalent to products that are heavily taxed, such as cigarettes, to prevent substitution of other tobacco products.