global youth tobacco survey

Country reports

The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), Atlanta, developed the Global Youth Tobacco Survey to track tobacco use among youth across countries using a common methodology and core questionnaire. Information from the Survey is compiled within the participating country by a Research Coordinator nominated by the Ministry of Health, and technically reviewed by WHO and CDC. The content has not otherwise been edited by WHO or CDC.

World Health Organization
Regional Office for the Eastern Mediterranean

CDC
Centers for Disease Control and Prevention

I. INTRODUCTION

The increase in tobacco consumption foreseen in the developing countries is very likely to have a huge health impact with the observed demographic transition. This is reflected by field commitment of the World Health Organization W.H.O in strengthening non-communicable disease control and prevention particularly in the developing world.

Most of you know the basic facts about tobacco. Of the 500 million smokers alive who will eventually be killed by their habit, about half of them are still children and teenagers. And of the 8.4 million annual deaths from tobacco expected by 2020, 70% of them will be in developing countries. For the tobacco industry to survive, these deaths and the millions of adults who quit, must be replaced by new smokers: our children and youth of today and tomorrow. In ever-increasing numbers, this is happening among youth in every country of the world.

Tobacco is a unique threat to health because it is so widely available, it kills when used as intended and those who manufacture and market tobacco have systematically worked to undermine efforts to curb the carnage and death toll from tobacco.

In that context, protecting youth from tobacco is doubly important. Most adult smokers were established smokers before the age of 18 years, meaning that prevention of youth smoking translates into prevention of adult smoking and its adverse health effects. In addition, adults who are very heavy smokers are more likely to have begun at younger ages than adults who smoke less, meaning that any success postponing the age of smoking translates into potentially less health burden, even for those who become addicted to nicotine and smoke through adulthood.

However, information on tobacco use among young people is not available for most developing countries, despite the obvious benefits of preventing smoking, young people in this countries have high and growing rates of smoking. To remedy this lack and to create a baseline from which trends in tobacco use among young people can be measured, several agencies, including WHO and the Centers for Disease Control and Prevention in the United States, have launched a "Global Youth Tobacco Survey (GYTS)."

Tobacco Situation Analysis in Lebanon

In Lebanon, data on smoking are limited although the magnitude of the problem is obviously large. Schools are not smoke-free areas. Most hospitals are still not smoke-free areas. The medical community is poorly committed to smoking prevention and awareness policies. Medical curricula do not include the community dimension of tobacco related diseases.
There have been no published studies or research conducted on a national level with a sample of the population to determine the baseline prevalence of tobacco use among different segments nor to establish an association between tobacco and smoking-related deaths or diseases. In fact According to a study done by the American University of Beirut (A.U.B) in conjunction with the UNICEF, WHO, Ministries of Health and Education on students *aged 15-18 years* (1997), the distribution of

smoking status by indicated the following results, the median age of smoking was 14 years, 40% of them ever smoked, including those tried for one cigarette only. As to gender, the same study revealed that 46% of the smokers are males compared to 35% females.

In another study done by Baddoura et al (1997), on a random sample included 825 individuals of the *whole Lebanese* population aged 19 years and above, it showed that Lebanon has one of the highest rates of smokers in the region. 53.6% of adults are smokers; with the proportion male smokers at 60% while that of females is at 47%. Furthermore, the numbers of youngsters smoking have also been shown to be rising, with 16% of the age group 15-20 years being smokers, while 4.7% of females in the age group 9-15 years are also smokers.

In the last few years, the Ministry of Health passed several legislation such as mandatory display of the health-warning message of tobacco advertising on the media channels (i.e. TV, radio, and print media), label warning on all smoking packages including cigarettes and cigars, prohibitions of smoking in public places.
The civil society, through active NGOs and some private institutions have attempted some actions that remained shy.
Attempts at issuing a law prohibiting advertisement for tobacco use has failed, due to the strong lobby of the profit making media companies.
In view of the importance of the problem from a public health perspective, the MOH, in line with the recommendations of WHO, established a National Program for Tobacco Control in 1998 and a manager was recruited for that purpose.

Global Youth Tobacco Survey (GYTS)

The Tobacco Free Initiative (TFI)/WHO has recently been awarded by the United Nations Foundation for Intentional Partnerships (UNFIP) what is probably the largest single tobacco prevention grant to initiate a joint project with UNICEF titled "Building alliances and taking action to create a generation of tobacco free children and youth". The aim of the project is to pull together the evidence, technical support, and strategic alliances necessary to positively address the negative impact of tobacco and to encourage and support children and adolescents in leading healthy and active lives free of tobacco.
In 1998 the World Health Organization, in collaboration with the US Centers for Disease Control and Prevention and UNICEF, began the Global Youth Tobacco Survey (GYTS). The GYTS provides a mechanism by which countries can monitor tobacco use among young people and guide the implementation and evaluation of tobacco prevention and control programs.
The project will consist of three distinct, but overlapping phases. The first phase will focus on harnessing the evidence for action: synthesizing the existing evidence from country, some of which may participate in subsequent phases; undertaking new areas of research to support actions; and establishing the research-based evidence for developing future actions.

The second phase will be the activating phase as the coordinating and implementing mechanism at the country level to select and develop the components of a

comprehensive country based approach to addressing tobacco use among children and young people. Opportunities to promote the exchange of experiences and issues between countries and global activities will be developed and strengthened.

The third phase will involve taking the project to scale: producing and disseminating resources; strengthening capacity to sustain activities; integrating the products and results of the project into ongoing tobacco control work at the national, regional and global levels.

The GYTS is a school-based survey which focuses on adolescents students aged 13 to 15 years and is designed to gather information about smoking prevalence; knowledge and attitudes; media and advertising; young people's access to tobacco products; tobacco use prevention education in the school curriculum; exposure to environmental tobacco smoke (ETS); and tobacco cessation and media messages. School surveys are useful tools in gathering data as they are relatively inexpensive and easy to administer, tend to report reliable results, and refusals are significantly lower than other surveys. The most common research approach for this specific population has been the self-administered questionnaire.

Objectives of the GYTS

- To document and monitor the prevalence of tobacco-use including: cigarette smoking, and current use of smokeless tobacco, cigars or pipes.
- To obtain an improved understanding of and to assess learners' attitudes, knowledge and behaviours related to tobacco-use and its health impact, including: cessation, environmental tobacco smoke (ETS), media and advertising, young people's access, and school curriculum.
- To provide information to guide programming and advocacy work addressing youth tobacco use.

Content of the GYTS

The GYTS addresses the following issues:

- Level of tobacco-use
- Age at initiation of cigarette use
- Levels of susceptibility to become cigarette smokers
- Exposure to tobacco advertising
- Identifying key intervening variables, such as attitudes and beliefs on behavioural norms with regards to tobacco-use which can be used in prevention programmes.

II. METHODS

Study Design and Sampling

The survey was planned for all six regions in Lebanon. Since the enrollment size in private sector are as important as the public sector, all public and private schools containing third intermediate, fourth intermediate, and first secondary that contained 40 or more students were included in the sampling frame. A two-stage cluster sample design was used to produce a representative sample of third intermediate, fourth intermediate, and first secondary.
Schools data included schools name, place, student's number by school; section and class were collected from the National Center for Educational Research Development (NCERD) in the Ministry of Education. Schools were classified as private and public.

Stage 1: Selection of Schools

The first-stage sampling frame consisted of all regular schools containing any of third intermediate, fourth intermediate, and first secondary. The data collected from the NCERD was sent to the Office for Smoking and Health/CDC where the sample selection was done. The schools were selected with a probability proportional to enrolment size. This meant that large schools were more likely to be selected than small schools. A computer-generated list of random numbers of classes from each school was produced to randomly select the classes from the third, fourth intermediate, and first secondary.

A total of fifty schools were selected, twenty-five of each are private and public schools. Out of this total number, twenty-five belong to Urban Lebanon and twenty-five to Rural Lebanon.

Rural and Urban regions are classified as low socioeconomic and upper-middle socioeconomic region respectively, reported from " Mapping of Lebanon" by United Nations Developing Programs office in Lebanon.

Stage 2: Selection of Classes and Students

For each selected school, the number of classes and their enrolment are listed for the third intermediate, fourth intermediate, and first secondary classes. From this list, classes were randomly selected, based on the random start provided by OSH/CDC on the School-Level Form, provided that in each school, depending on the number of classes listed, one or more of these classes were selected, and in each class selected, every student present was interviewed.

The Questionnaire

The questionnaire was a self-administered type questionnaire which consisted of a

'core' component and an 'optional' component. The core questions allow for comparison between countries and regions, and the optional questions allow for specific issues pertaining to individual countries.
All the questions were multiple-choice, a group of experts on tobacco addiction from the first group of countries selected to undertake GYTS, and staff members of WHO/TFI and UNICEF, wrote the 57 questions of the "core" part of the GYTS, 56 of which was adapted by all countries at the Easter Mediterranean Region (EMRO).
In addition, Lebanon developed six more optional questions were included in order to determine the extent of other uses of tobacco, specifically the Hubble-bubble "Narguile"smoking use among youth.
The questionnaire was pre-tested before it was administered to schools.

Data Collection

Because GYTS is a school-based survey, cooperation of the Ministry of Health and the Ministry of Education was necessary, especially the latter since government schools were under its immediate control, issuing necessary letters to the selected public schools. Regarding the private school, were contacting one by one by the Director of the National Tobacco Control Program to insure their participation.
After schools had indicated their willingness to participate, a letter was sent to schools listing the classes that were chosen. The principal took responsibility for the distribution of letters informing learners and parents about the study and requesting their consent.
The Research Coordinator was responsible for the overall management of the project, for the development of the final questionnaire, for making the initial contact with and securing participation of the schools selected, for identifying ten Survey Administrators and to train and assign them to schools selected. The purpose of the training was to ensure that all the Survey Administrators had the same information about GYTS and follow the same survey administration procedures. The training dealt with the purpose of GYTS, confidentiality, scheduling survey administration, documenting school and class participation, presenting and administering the GYTS to the students, and materials needed for survey administration.
The survey procedure employed allowed for students' voluntary participation, anonymity, and privacy.
The Survey Administrators were selected mainly from the student of the Balamad University School of Public Health. They were assigned to specific schools and were responsible for the delivery and collection of all survey documentation forms, Answer Sheets, Header Sheets, and Questionnaires.
Two forms were provided for each selected school – the School-Level Form and the Class-room Level Form. These two forms provided the necessary identification information and were the primary data management forms.
The School-Level Form contained the School name, the sample size, and the School ID (this was supplied by the OSH/CDC). The grades taught and the grades surveyed in the school, as well as the total number of eligible classes, were filled in by the Survey Administrator. The Survey Administrator entered the number of students who were enrolled in the classes and the number of students who actually participated in the survey. All students in the selected classes were eligible for participation.

The Answer Sheet and the Header Sheet were also provided by OSH/CDC. One Answer Sheet was given to each student. Students were not required to write their names on the Answer Sheet, or provide any other kind of identifying information. A Header Sheet was completed for each participating class in each school and showed the School ID (from the School Level Form) and the Class ID (from the Classroom Level Form).
The Research Coordinator undertook the responsibility of the final editing and package of the Answer Sheets, the Header Sheets, the Classroom-Level Forms, and the School-Level Forms. This was done simply to establish quality data management throughout the data gathering process.
A specific pencil had to be used for completion of the answer sheet to facilitate automated capturing of data. The answer sheets were checked and enrolment data was reconciled with the number of questionnaires. They were then couriered to the Centers for Disease Control and Prevention, USA, where the data was captured.

Analysis

For the analysis, a weighting factor was applied to each student record to adjust for non-response and the varying probabilities of selection. The program Epi-Info 2000 were used to compute rates and 95% Confidence Intervals for the estimates. A weight was associated with each questionnaire to reflect the likelihood of sampling each student and to reduce bias by compensating for differing patterns of non-response. The weight used for estimation is given by:

W = W1 * W2 * f1 * f2 *f3 *f4

W1 = the inverse of the probability of selecting the school

W2 = the inverse of the probability of selecting the classroom within the school

F1 = a school-level no response adjustment factor calculated by school size category (small, medium, large).

F2= a class adjustment factor calculated by school

F3 = a student-level no response adjustment factor calculated by class

F4 = a post stratification adjustment factor calculated by gender and grade

USE OF THE WEIGHTED RESULTS:

The weighted results can be used to make important inferences concerning tobacco use risk behaviors of students in third intermediate, fourth intermediate, and first secondary in Lebanon.

RESPONSE RATES:

Schools response rate was 98.00%, a 49 of the 50 total sampled schools participated. One private school in rural Lebanon refused to participate.

Students response rate was 98.33%, a 4,951 of the 5,035 total sampled students completed usable questionnaires

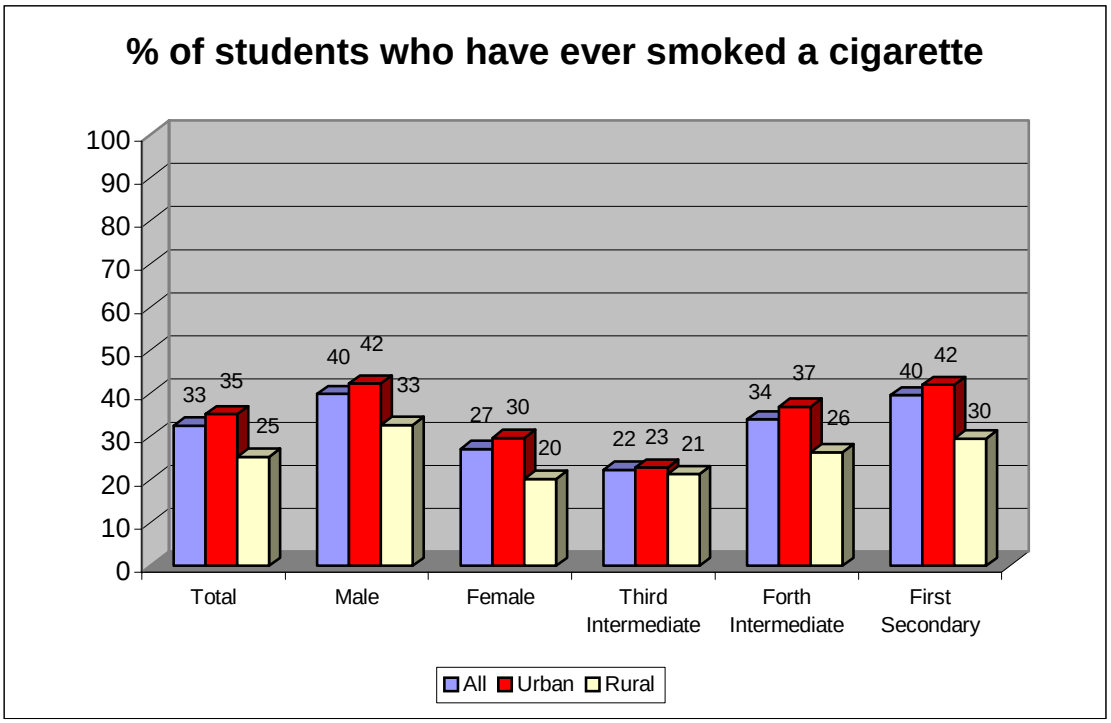
Overall response rate was 98.00% * 98.33%= 96.37%.

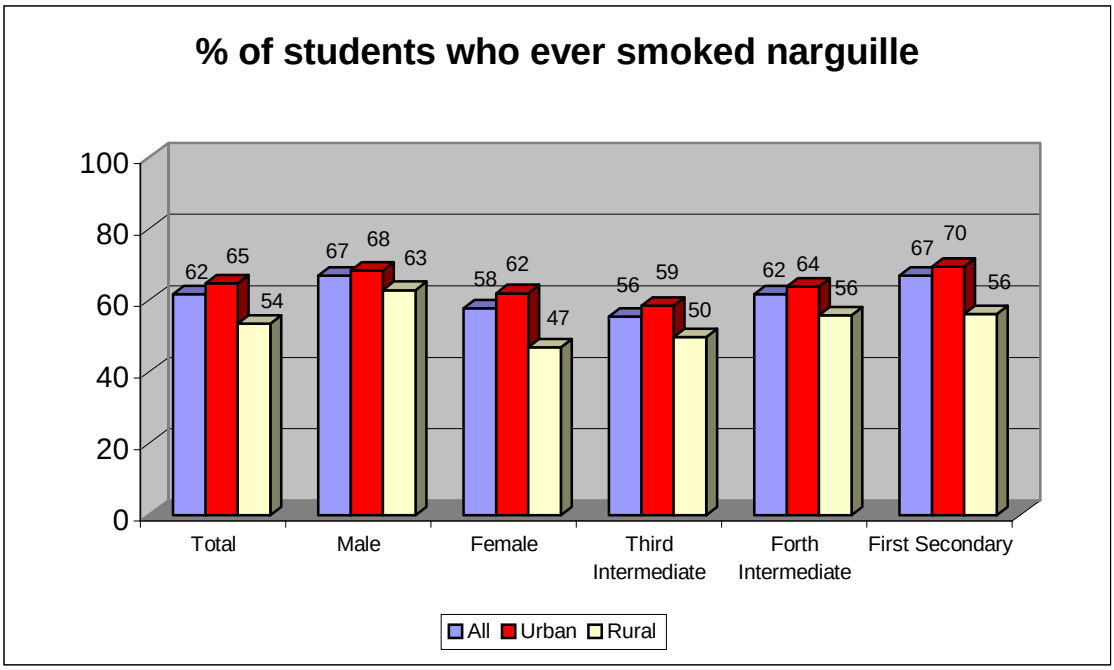
IV. Results

The basic table can be as follows:

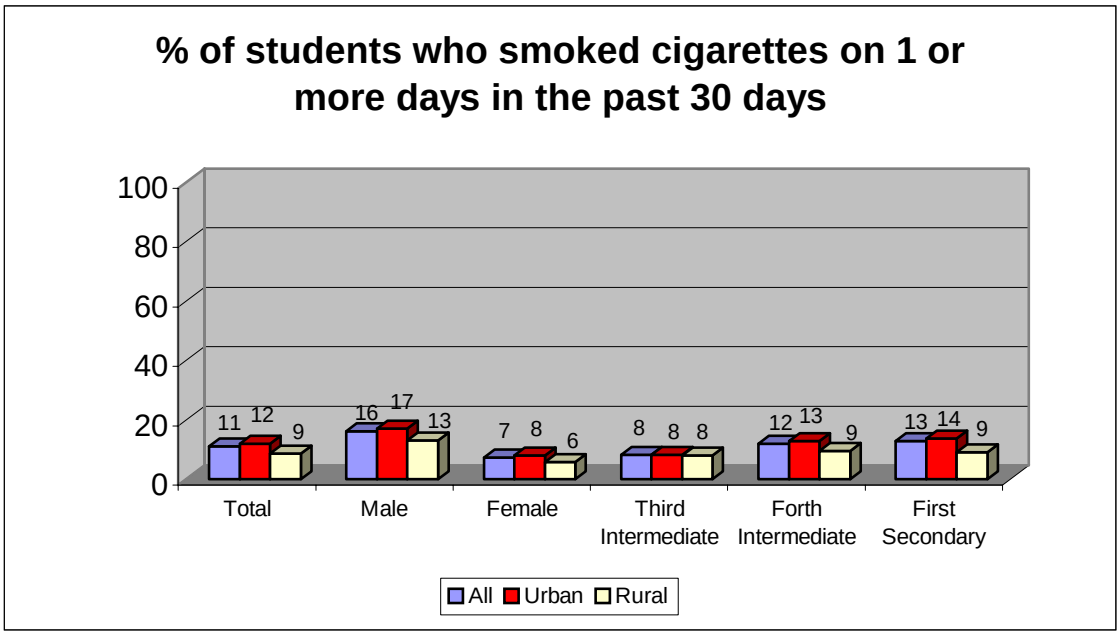
1) Prevalence

In many countries, people begin smoking at younger and younger ages, with the median age of initiation under 15 in many countries. Moreover, the prevalence of smoking is frequently very high among adolescents. It is widely known that tobacco is the most important preventable cause of premature death in many countries. Cigarette smoking is responsible for heart disease; cancers of the lung, larynx, mouth, esophagus, and bladder; stroke; and chronic obstructive pulmonary disease. Starting to smoke at younger ages increases the risk of death from a smoking-related cause, and lowers the age at which death is likely to occur. Young people who start smoking early in life will often find it difficult to quit smoking. Half of persistent smokers who start smoking in adolescence will die from their use of tobacco. The questions in this section measure smoking experimentation, current smoking patterns, age of initiation, and other tobacco use. Data are collected on cigarette smoking and use of other tobacco products.

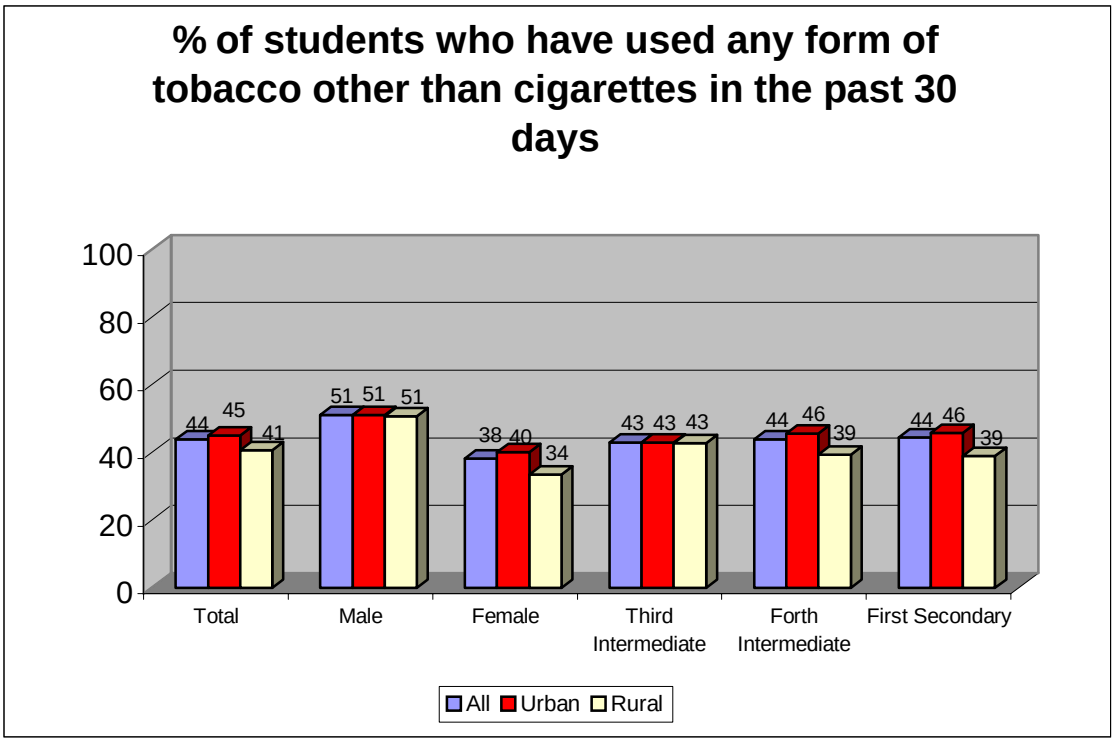




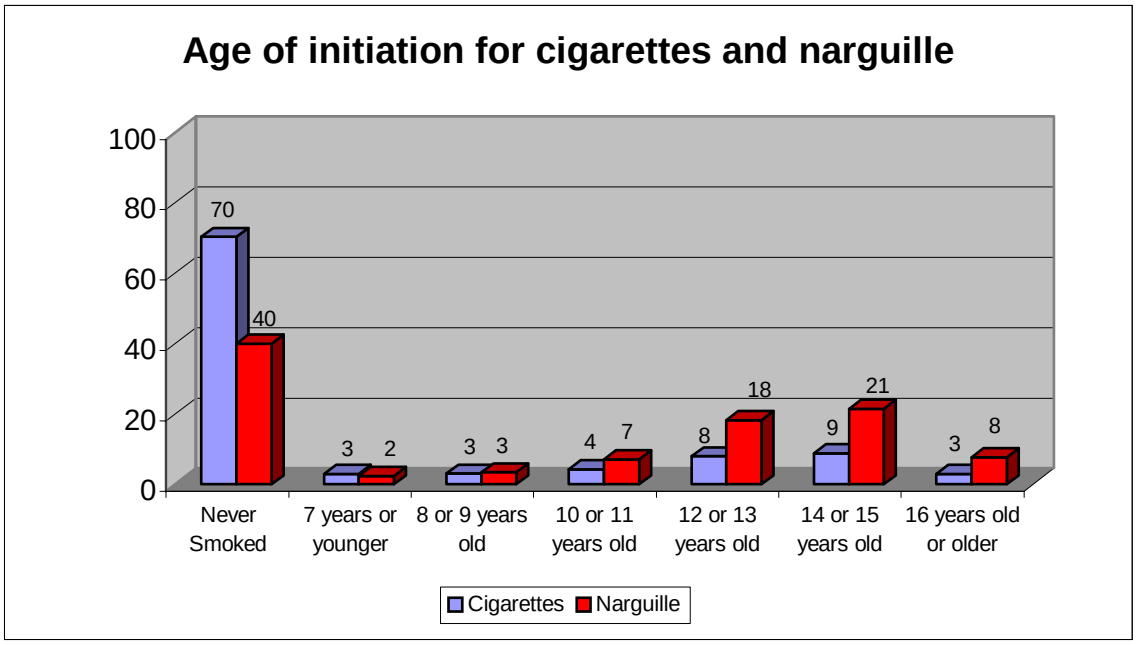
One third (32.6%) of all students have ever smoked cigarettes, with ever smoking significantly higher for male than female students (Table 1). About half of students (45.5%) currently use any tobacco product with 11.1% currently smoking cigarettes



and 43.8% currently using other tobacco product (Narguile, cigars, little cigars or pipe).



Current use of any tobacco product, cigarettes and use of other forms of tobacco were significantly higher for males than females. About two in ten students (16.9%) indicated they were likely to initiate cigarette smoking during the next year.



2) School Curriculum

These questions measure student perception of tobacco use prevention education. Schools are an ideal setting in which to provide tobacco use prevention education.

School-based tobacco prevention education programs that focus on skills training have proven effective in reducing the onset of smoking. School-based health programs should enable and encourage children and adolescents who have not experimented with tobacco to continue to abstain from any use. For young persons who have experimented with tobacco use, or who are regular tobacco users, school tobacco prevention education programs may enable them to immediately stop all use. During the past year in school, over half of the students (52.6%) had been taught about the dangers of smoking and only 37.5% have discussed why people their age smoke. There was no significant difference by gender.

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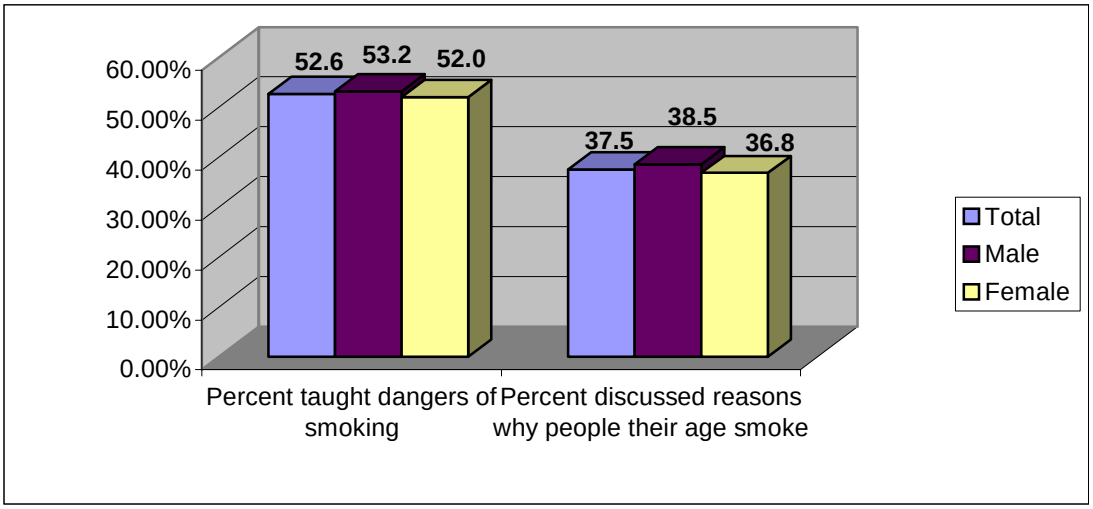
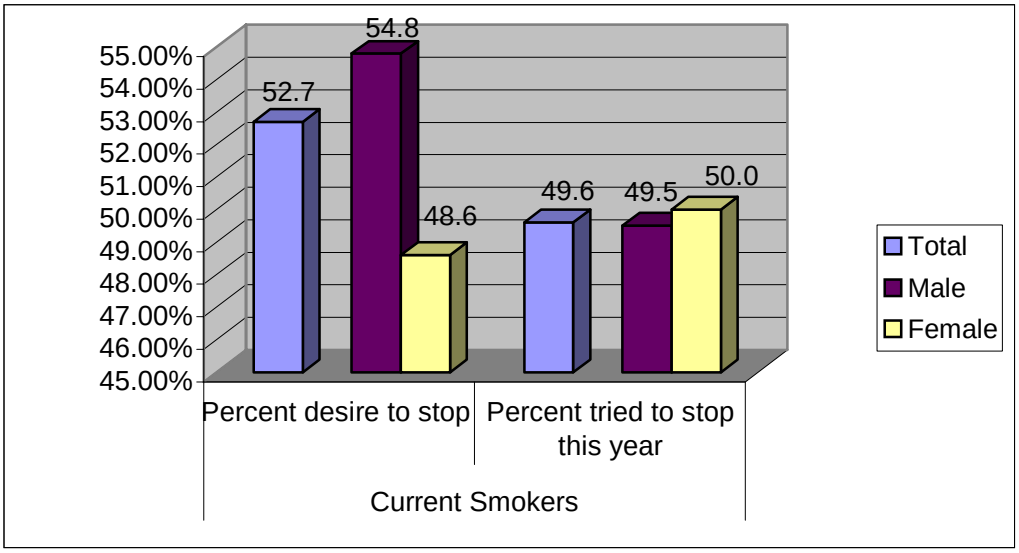
School Curriculum, Lebanon GYTS, 2001



3) Cessation

Many smokers, including youth, are addicted to nicotine and need assistance in quitting. To comprehensively address tobacco use among youth, the focus must be on both prevention and cessation.
Recently in tobacco control, there has been an increased demand for cessation programs for youth. A primary reason for this increased demand is recognition in the community that many youth who are regular tobacco users are interested in quitting and that they frequently try to quit but most are unsuccessful. To monitor the potential impact of tobacco control policies and diversion and cessation programs it is important to measure cessation among youth.

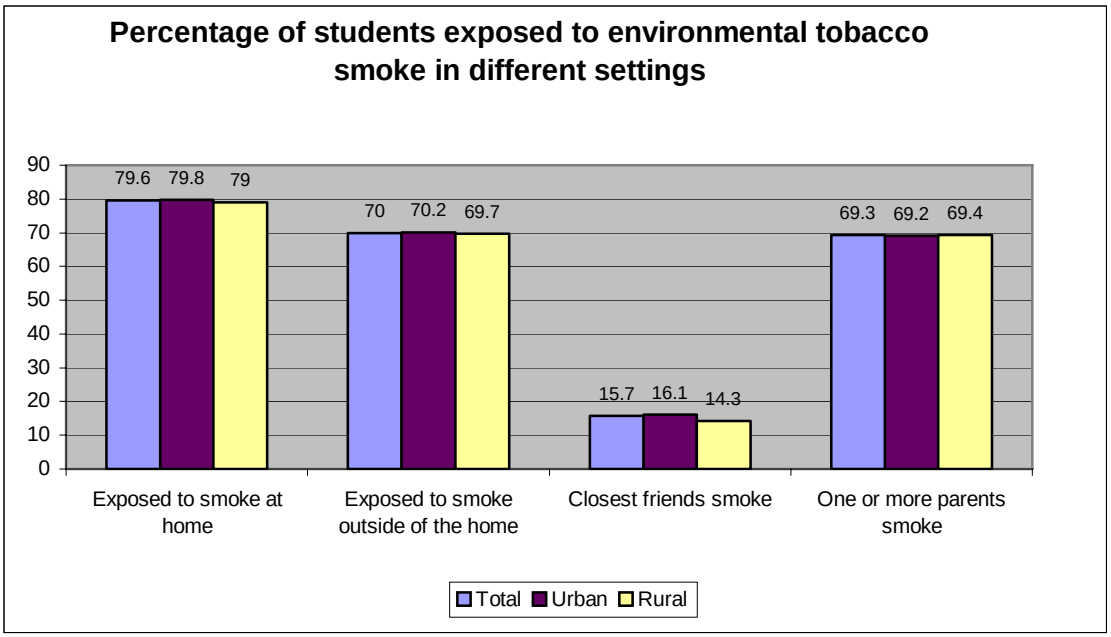
Cessation, Lebanon GYTS 2001



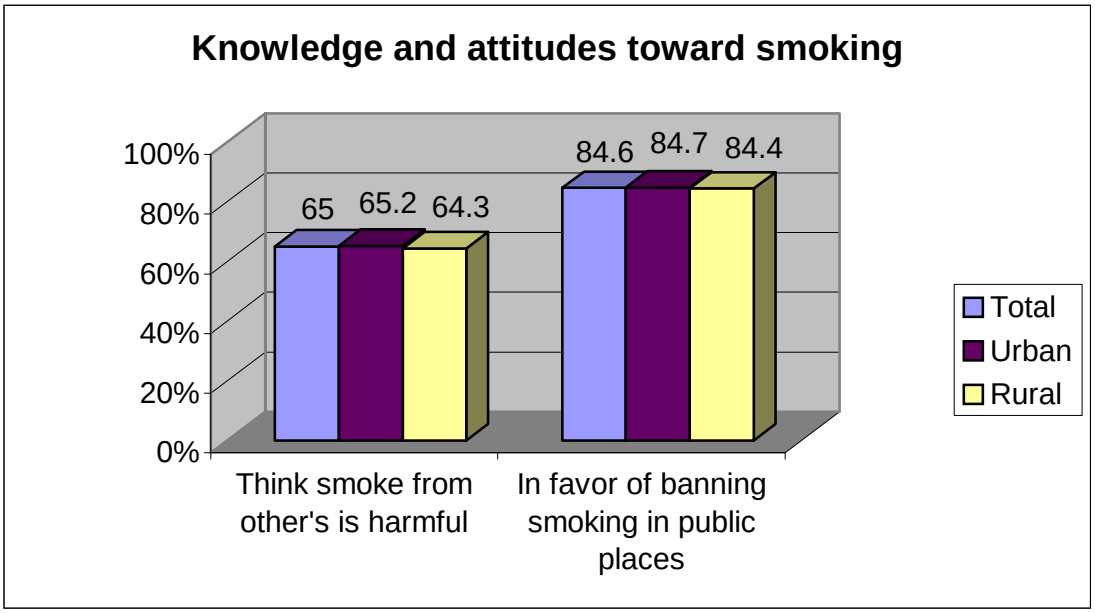
Over half of the students who currently smoke cigarettes stated that they desire to stop smoking (52.7%)(Table3). Additionally half of the current smokers tried to stop smoking during the past year (49.6%). There were no significant differences by gender.

4) Environmental Tobacco Smoke (ETS)

These questions measure exposure to environmental tobacco smoke (ETS). Since ETS is a significant risk factor for lung cancer, heart disease, asthma exacerbation and induction, respiratory infections, and adverse reproductive outcomes, it is important to assess exposure in youth



The questions in this section measure exposure during the past seven days and assess general knowledge or attitude about the harmful effects of ETS. Exposure to second-hand smoke is very high for all students, both in their homes and in public places (Table 4).. Current cigarette smokers were significantly more likely to be exposed to second-hand smoke than never smokers. At home, about eight in ten (76.4%) never smokers and about nine in ten (89.1%) current smokers were exposed to smoke from others. While in public places, almost seven in ten (65.4%) never smokers and nine of ten (90.7%) current cigarette smokers were exposed.



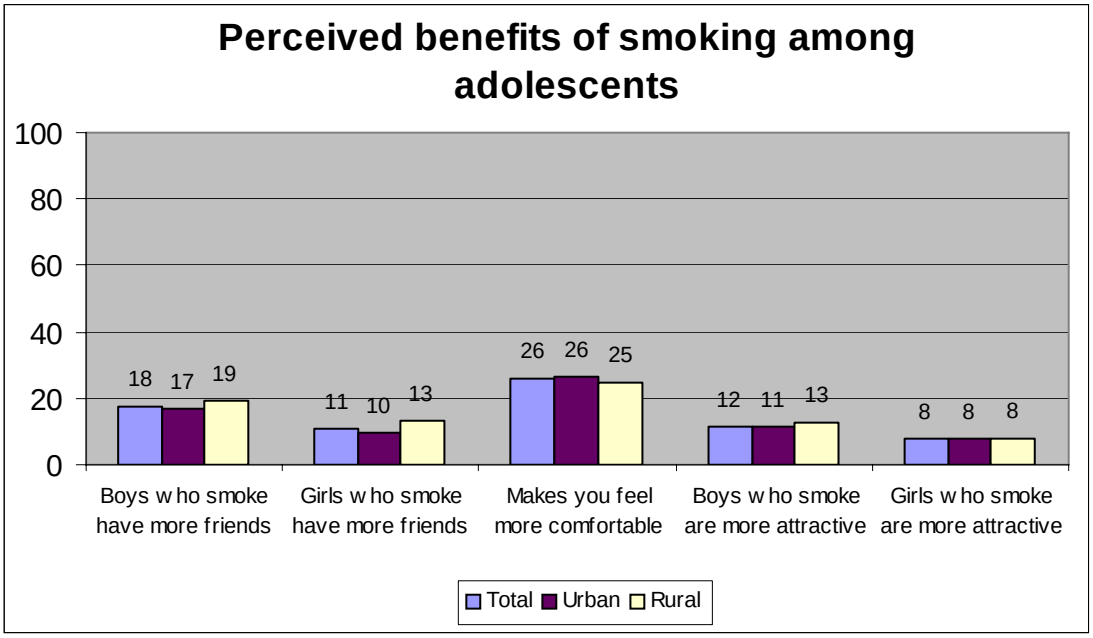
Over eight in ten (88.5%) students who have never smoked cigarettes and six in ten (62.9%) current smokers think smoking should be banned in public places. Seven in ten of never smokers (69.2%) and about half of current smokers (46.6%) think smoke from others is harmful to them.

5) Knowledge and Attitudes

These questions measure general knowledge, attitudes, and intentions, which have been linked in research studies with risk of smoking onset and transitions toward more regular smoking. Several concepts are specifically addressed including susceptibility to smoking which is a measure of how firm a never smoking youth is regarding their intention to remain a nonsmoker. Parental involvement, attitudes toward the social benefits of smoking, knowledge and attitudes toward risks of tobacco use, and potential peer pressure to use tobacco are concepts also specifically addressed.

The acquisition of such information could help monitor the broader or more general impact of media counter-advertising, school curriculum, and youth empowerment efforts. Moreover, increases in positive attitudes toward tobacco use and decreased agreement with statements about the risks of tobacco use have been related to increases in youth tobacco use rates. Questions regarding susceptibility predict the

risk of future smoking experimentation, as do those about the number of friends, who smoke, and attitudes and knowledge about tobacco.



One in six never smokers (16.4%) compared to one to four current smokers (25.4%) think boys who smoke have more friends than smokers (Table 5). In contrast, both never smokers (9.7%) and current smokers (14.6%) are less likely to think girls who smoke have more friends than non smokers. Over nine in ten never smokers and over seven in ten current smokers do not think boys or girls who smoke are more attractive than non-smokers.

The attitudes in Table five, towards the acceptance of tobacco for never smokers do vary significantly by gender.

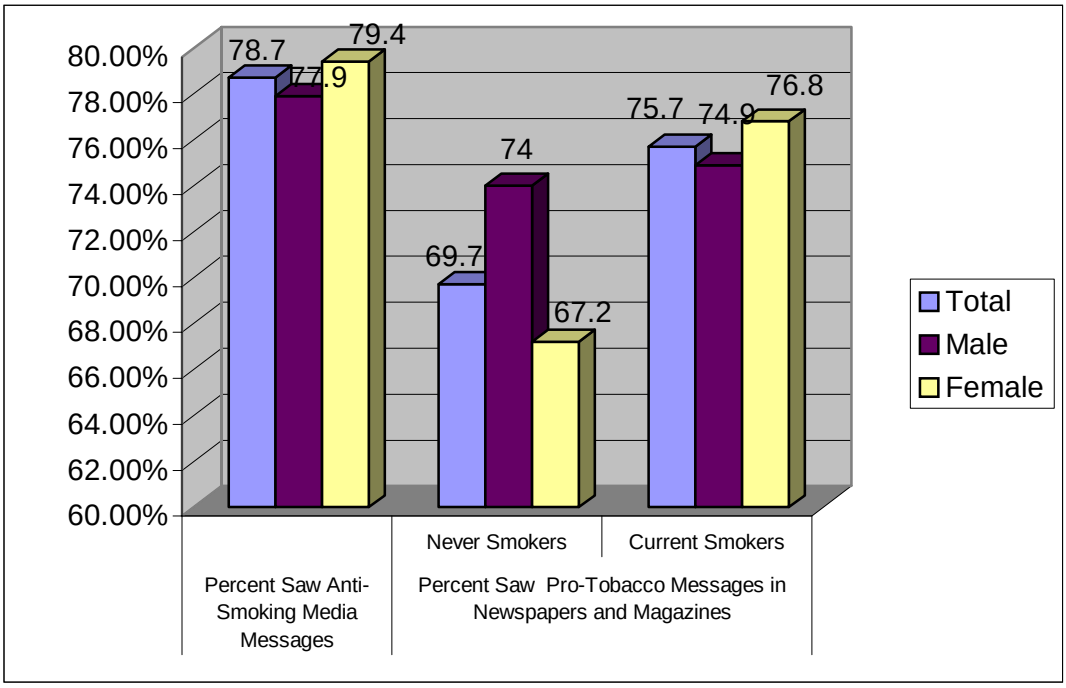
6) Media and Advertising

These questions measure the exposure of young people to both pro- and anti-tobacco-use messages in the mass media.

Pro-Use Messages: Children buy the most heavily advertised brands and are three times more affected by advertising than are adults. The average youth already has been exposed to billions of dollars in imagery advertising and promotions creating a friendly familiarity for tobacco products and environment in which smoking is seen as glamorous, social, and normative. Young people are able to recall virtually no anti-smoking messages on television or in the movies, yet they are able to recall specific movies that portray smoking and are able to identify actors and actresses who smoke in their entertainment roles.

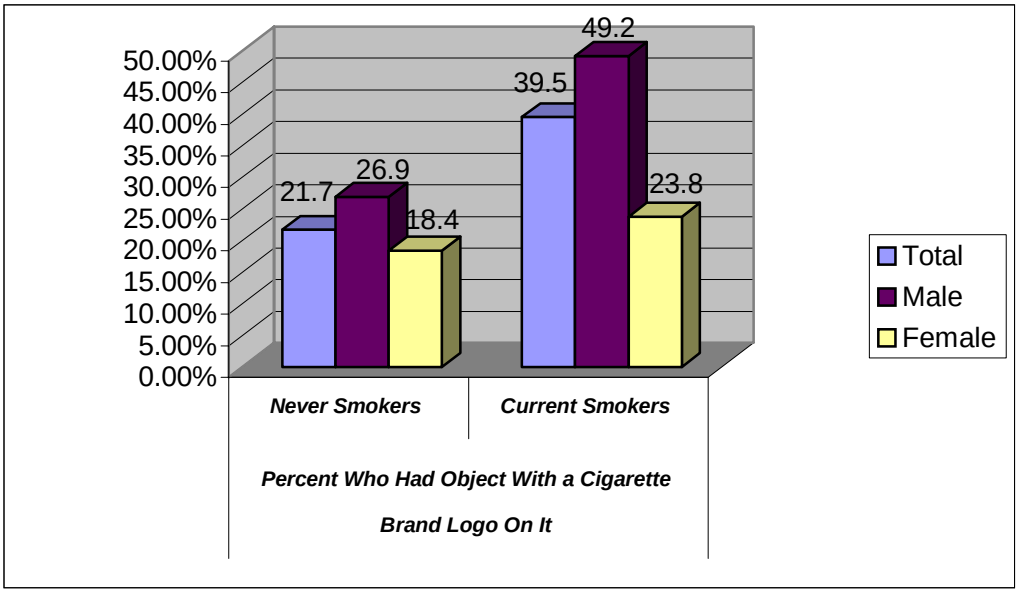
Anti-Use Messages: An intensive mass media campaign can produce significant declines in both adult and youth smoking and demonstrate that comprehensive education efforts, combining media, school-based, and community-based activities can postpone or prevent smoking onset in adolescents.

Media and Advertising Lebanon GYTS, 2001



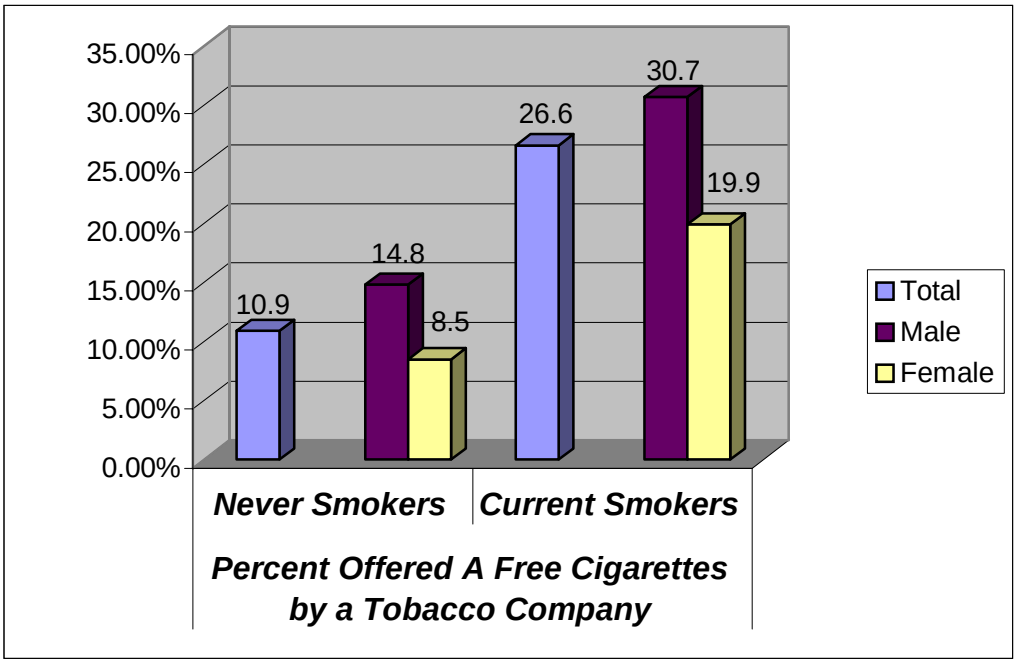
About eight in ten (78.7%) students saw an anti-Smoking media message in the past 30 days.
Seven in Ten (69.7%) never smokers and about eight in ten (75.7%) of current smokers had seen a pro-Tobacco message in newspapers and magazines during the past 30 days. There was a statistical difference between never and current smokers.

Percent who had object with a cigarette band on it?



Two in ten (21.7%) never smokers and four in ten (39.5%) of current smokers had on object with a cigarette brand logo on it. There were significant differences between males and females among both current and never smokers.

Percent offered a free cigarette by a Tobacco company



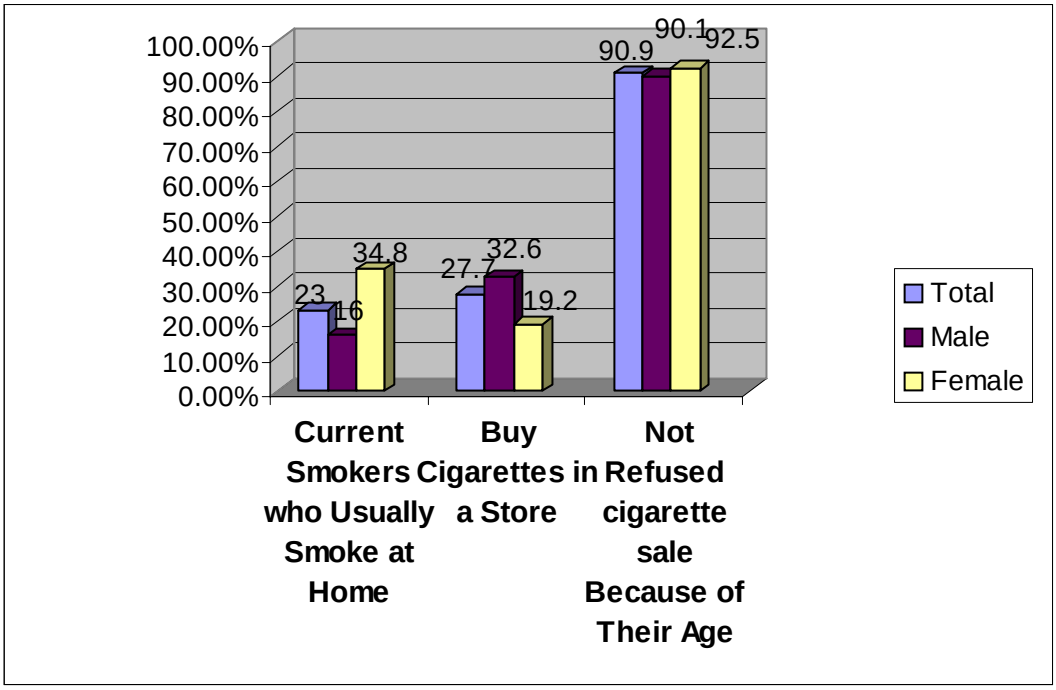
Over one in ten (10.9%) never smokers and almost three in ten (26.6%) current smokers had been offered "free" cigarettes by tobacco company representatives. There was a significant difference between male and female never smokers who had been offered "free" cigarettes by a tobacco company.

7) Access and Availability

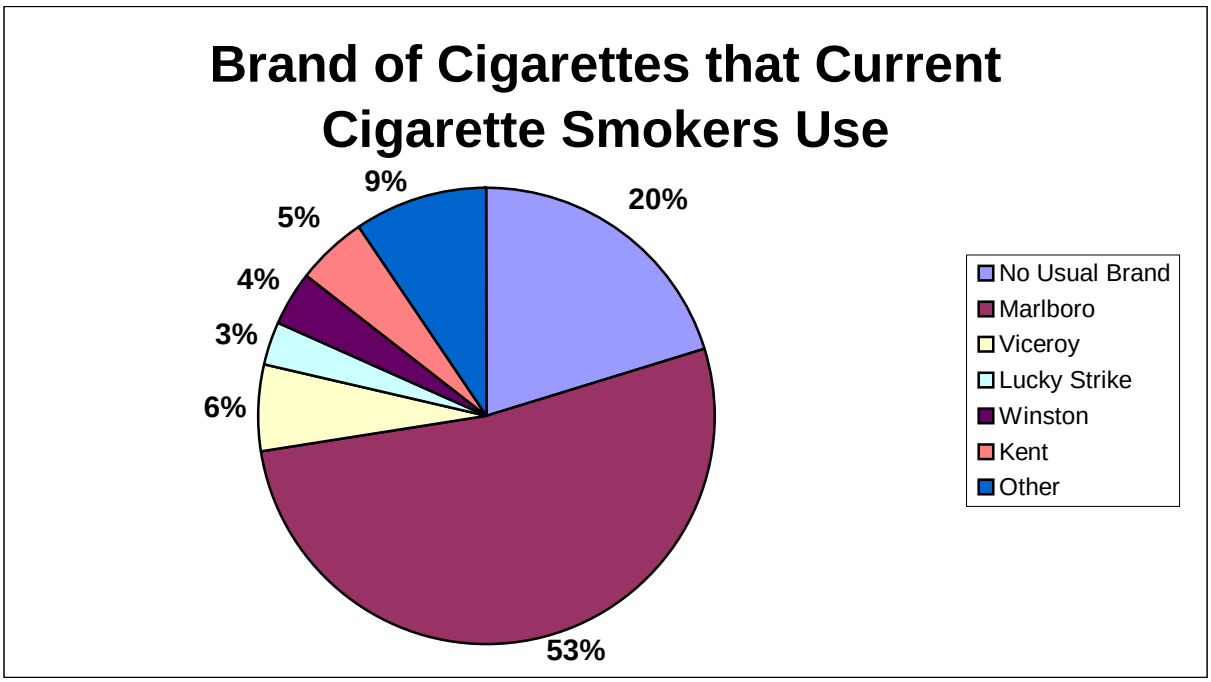
In Lebanon there is no law who restrict the sale of tobacco products to minors. However, young people may turn to social sources (e.g., older friends and family members) of tobacco products as commercial sources are reduced. Therefore, it is critical that minor's access restrictions be combined with a comprehensive tobacco control program that reduces the availability of social sources and limits the appeal of tobacco products.

Even in countries as Lebanon with no restrictions on sale of tobacco to minors though official policies may not be in place, it is still important to document if tobacco products are easily accessible to youth. Access and availability questions can also determine the social acceptability of youth tobacco use by parents and other members of the community.

Access and Availability, Lebanon GYTS, 2001

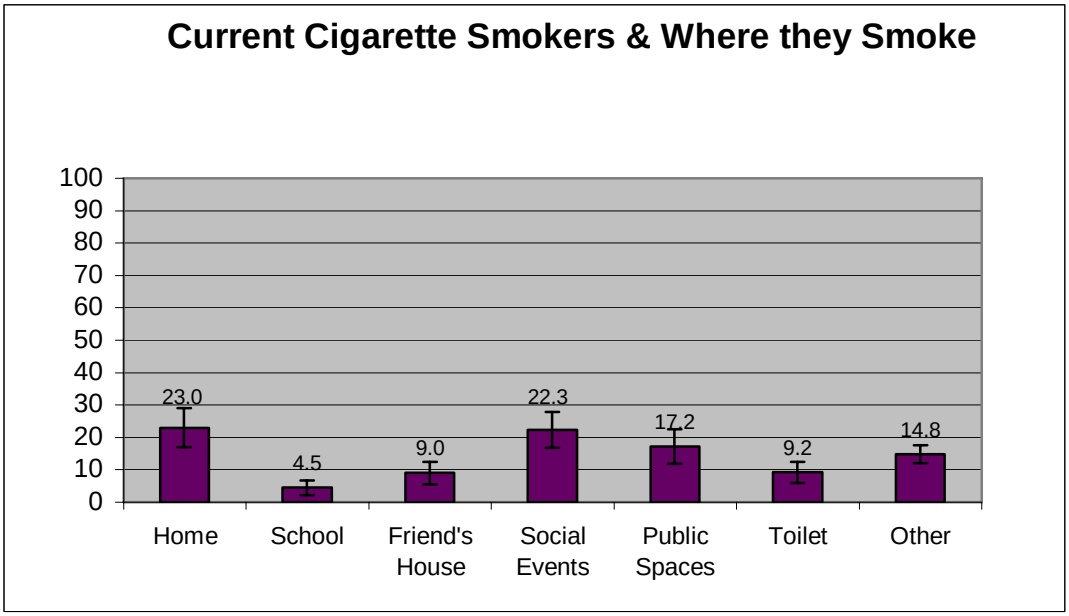


Only 23% of current smokers usually smoke at home. Females were significantly more likely to usually smoke at home compared to males. Almost a third of the students purchase their cigarettes in a store.
Nine in ten of current smokers who usually buy cigarettes in a store had not been refused purchase because of their age. There were no significant differences by gender.
A question was asked to determine the most smoked brand of cigarettes in youth.



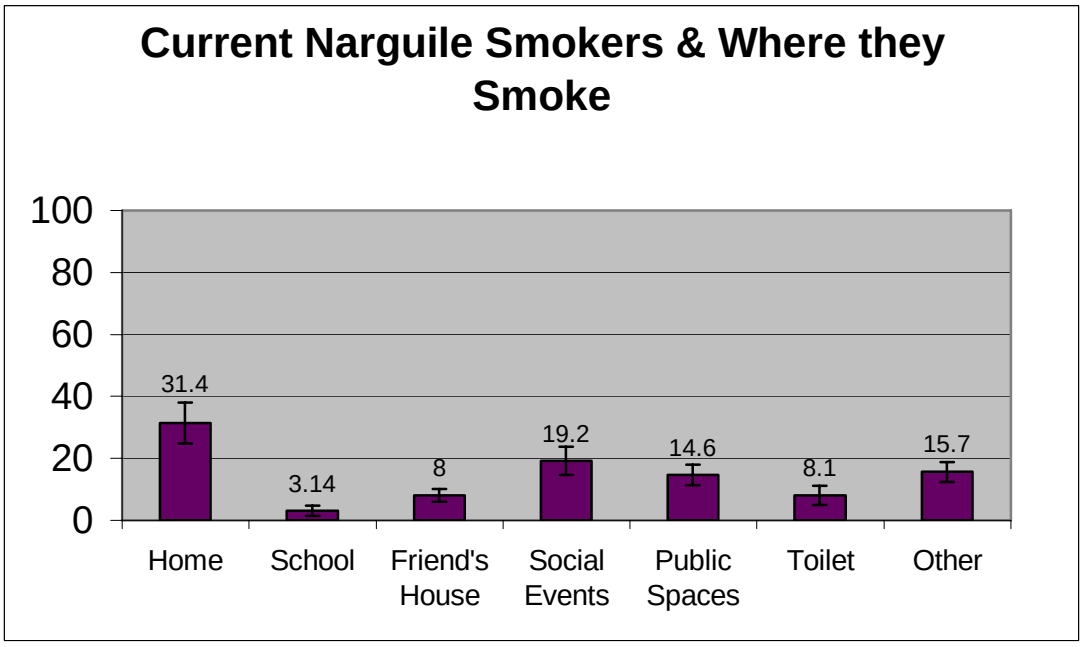
The analysis reported that a 53% of the students smoke a Philip Morris products "Marlboro", other 20% of them they do not have any preference.

Regarding the most favorable place for them to smoke? Shown that in the social



events and at home are the most frequent places.

Regarding Narguile current smokers has shown no mush different from current cigarettes smokers.



V. DISCUSSION

Tobacco has indeed become one of the major public health challenges of our time, with its shadow threatening to darken the present century even more than the one immediately past. Not only has it become a truly global epidemic, but also increasingly draws its victim's developing countries. If tobacco habit becomes more widespread, due to aggressive and often unethical marketing of tobacco products, the death toll will be even higher.
GYTS was implemented in Lebanon mainly to provide base-line data on tobacco use among youths. Besides the fact is the first nation wide survey done in Lebanon concerning issues about tobacco use in school age children and adolescents .
Explored for the first time the behavior and the personal perspective of this group not only on cigarette smoking, but the consumption of other tobacco products like Narguile. Surprisingly enough is the fact that, for a segment of this population, Narguile consumption is much more prevalent then cigarettes, which constitute a major public health burden.

Prevalence

Tobacco use is extremely high amongst the youths, where about half of students currently use any tobacco product, with 11.1% currently smoking cigarettes and 43.8% currently using other tobacco product (Narguile).
Current use of any tobacco product, cigarettes and use of other forms of tobacco were significantly higher for males than females. But the female prevalence in GYTS Lebanon it's the highest in EMRO region, is an important point of concern which requires more research and shows the success of the tobacco industry in making smoking fashionable for a sensitive target, such as women. It is well known that adolescents are particular susceptible to cigarette advertising. Persons who start smoking early have more difficulty quitting, are more likely to become heavy smokers, and are more likely to develop a smoking-related disease.
We should enable and encourage children and adolescents who have not experimented with tobacco to continue to abstain from any use. For young persons who have experimented with tobacco use, or who are regular tobacco users, educational programs should enable and encourage them to immediately stop all use. For those young persons who are unable to stop using tobacco, special cessation programs should help them seek additional assistance to successfully quit the use of tobacco.

School curriculum

The fact that during the past year in school, only over half of the students (52.6%) had been taught about the dangers of smoking and only 37.5% have discussed why people their age smoke. As shown by the percentages above, clear messages on the health hazards of smoking are not being adequately given within the school environment, suggests the need for a more active and determinant role of the educational system, especially in affecting the higher grades in school, as this research point out.
The data suggests a decreasing age of initiation of cigarette usage among Lebanese adolescents. Therefore tobacco control education needs to start at a very young age.

Even if this education is introduced at an early age, possibly at school inception, it needs to continue throughout the schooling career. While the study could provide an indication of whether tobacco control was taught in the school, it cannot comment on the content or intensity of the lessons given. It is therefore recommended that further research be pursued in this area.
Educational programs and health promotion campaigns can serve a useful role in tobacco control, particularly in areas where the harms of tobacco use are not widely known. However, unless they are backed up by strong public policies, which help young people refrain from using tobacco, educational programs have only modest results. Such education programs and health promotion campaigns should be placed in the overall context of strong and coherent tobacco control policies.

Cessation

Adolescents want to stop smoking, but are experiencing difficulty in trying to quit and are displaying signs of addiction. Over half of the students who currently smoke cigarettes stated that they desire to stop smoking, additionally half of the current smokers tried to stop smoking during the past year. There could have been some breaks in the smoking but the message that is clear is, some of the youths who experimented with smoking at a very young age, later developed this practice and could not stop. However, the data supports the need for the development of both prevention and cessation interventions specifically designed for adolescents.
Young people frequently experiment with new and sometimes risky behaviors. However they often don't take into serious consideration the long-term consequences of such behaviors. For youths, the risks of tobacco use are perceived to be remote and are outweighed by what they see as the immediate benefits. They tend to underestimate the addictiveness of nicotine and the difficulties associated with quitting, believing it is easier for young people to quit than adults.
One aspect of interest, and closely related with specific intervention possibilities, is the fact that most of current smokers desire to stop. This could lead actions coordinated by the National Tobacco Control Program NTCP and the Ministry of Education in the whole educational system as part of training programs.

Environmental Tobacco Smoke

During the past two or so decades, research has been undertaken worldwide to reveal the indisputable scientific evidence establish that tobacco consumption in any form and exposure to environmental tobacco smoke are to numerous causes of death, disease and disability. These reviews have concluded that second hand smoking increases the chances of contracting or aggravating a range of illnesses including, cardiovascular disease, lung cancer, asthma (particularly in children), acute irritation of the respiratory tract, bronchitis and pneumonia and other chest illnesses in children.
Exposure of young people to tobacco smoke is extremely high for all students, both in their homes and in public places. At home, about eight in ten were exposed to smoke from others. While in public places, almost seven in ten smokers were exposed. Also, parents as the main custodians or duty bearers of children and young people are not playing their role in educating their children on the dangers of smoking. Some parents are not good role models for their children since seven in ten students have parents who smoke. This has a great influence on children's behaviors, especially adolescents.
However, there are some positive aspects that must be commented. Over eight in ten students think smoking should be banned in public places, on the other hand, expressing their desire to stay away from that exposure. The time is ripe for

appropriate legislature to be introduced to create a tobacco-free environment in which children would be able to enjoy a healthy lifestyle.

Knowledge and Attitudes

An important implication of the data is exemplified by the fact that more current smokers have positive attitudes regarding smoking than never smokers, one in six never smokers compared to one to four current smokers think boys who smoke have more friends than smoker. Therefore, their urgent need for intervention to remove these misleading and false images of smokers that are usually promoted by the tobacco industry. In Lebanon, a number of programs have been initiated to raise awareness on the dangers of tobacco smoking, and some of these have been directly targeted at youths. However, this information has been diffused with other contradicting messages, which portray 'positive' images of smoking and using tobacco products. These images are portrayed through advertisements in the media, on billboards, at public events and also through other means like movies, music etc. Youths are made to believe that smoking is 'cool', fun, glamorous, modern and Western, and watching their role models smoke further encourages them to smoke too. Efforts being made at sending anti-smoking messages to the youths are being diluted by these 'positive' images of smoking.
In contrast, both never smokers and current smokers are less likely to think girls who smoke have more friends than non-smokers.
The attitudes in, towards the acceptance of tobacco for never smokers do vary significantly by gender.

Media and Advertising

Lebanese youngsters are highly exposed to aggressive cigarette advertisement. The situation is made worse by Lebanon's advertising and promotional restrictions on tobacco products, or lack thereof. Today, all other Arab countries have exercised a comprehensive ban on all types of tobacco advertisement on the National TV channels. Lebanon has not only failed to do so. Its government has done very little to implement or demand even moderated promotional restrictions, with the exception of some laws that will be discussed. The result of this study provides clear evidence that the majority of young people are bombarded with pro-tobacco messages on billboards, in newspapers and magazines and brand names at sport events or on television. Four in ten of current smokers are offered free samples carrying cigarette brand logos on it and even offered free cigarettes, which demonstrates a clear violation of our national laws and the claimed responsibility of the tobacco industry concerning youth protection from smoking. It would be expedient to monitor how the tobacco industry adapts its strategy to recruit young smokers. Promoting the banning of tobacco advertisement should be one of the main national efforts.
In addition to that promoting tobacco through sports events and public entertainment poses the greatest threat for they associate a deadly habit with adventure and independence.

Access and Availability

Generally, young people usually smoke at home. More boys than girls use tobacco but it has been observed that girls tend to smoke more at home than boys, while boys, especially older ones, tend to smoke in public places. More boys than girls smoke in a friend's house.

Cigarettes in Lebanon are widely available and accessible. Almost a third of the current smokers buy their cigarettes in the stores and nine of ten of them bought their cigarettes without any prohibition of sale. There are no laws and ordinances that prohibit sale of cigarettes to minors in the country.
A very high percentage of current smokers who have bought cigarettes in a store were not refused purchase because of their age and most of them obtained their own cigarettes from the store or from an older person or borrowed.

VI. Conclusion

The science that underpins our work is unequivocal- a cigarette is the only freely available consumer product which, when consumed as intended by manufacturers, kills.
Publicly, the tobacco industry maintains that it does not want youth to smoke. Privately the tobacco industry has long recognized that the preservation of its market depends upon recruiting youth. As one document stated, “Younger adult smokers are the only source of replacement smoker…If younger adults turn away from smoking, the industry must decline, just as a population which does not give birth will eventually dwindle” The tobacco industry documents are replete with discussions of marketing to youth and the need to increase market shares by enlisting youth. The documents are an underused public health tool.
The prevalence rates of tobacco use presented in this report are alarming. This current trend predicts an increase in tobacco use among young people. Smoking initiation at an early age portends a lifetime addiction and premature death from tobacco-related illnesses. This inevitably would raise the cost of health care.
The conclusion following the GYTS findings illustrate that there is no neat and simple way to restrict teen access to tobacco products in Lebanon. Consistent with many other studies and surveys, the Lebanese middle school students are less likely to smoke than high school students. Yet the prevention efforts must start early in the homes of these children. Due to the fact that children are likely to start smoking if they grow up in an environment where tobacco advertising is prolific, where smoking rates are high among adults (including those that serve as role models for young people), where tobacco products are cheap and easily accessible, and where smoking is unrestricted in public places, the tobacco control policies need to take this into consideration. Besides drafting such policies, their enforcement and public awareness need to be considered.
Lebanese adolescents are faced with the double burden of cigarette use and the use of other forms of tobacco products such Narguile. Determinant studies are needed to explore why students display higher levels of usage of Narguile. In addition, tobacco control interventions must address this forms of tobacco-use.
Tobacco use presents a key threat to well-being of children. School health programs to prevent tobacco use should become one of the most effective national strategies to reduce the burden of physical, emotional, and monetary expense incurred by tobacco use.
The success of our approach will depend on political commitment capacity building in public health law and economics, public support and enforcement. Legislation and

regulation have to strike a balance between individual freedom and public needs and interests.

VII. RECOMMENDATIONS

The industry cannot be allowed to continue to sell hazardous and addictive products. Nor should it be permitted to continue to lure millions of innocent children into tobacco use under the grab of trade liberalization and the right to freedom of speech. The tobacco industry knows the health hazards of tobacco and skillfully markets death. With the power of this information, we must ensure our children understand the dangers they face.

Educational program is an essential component of any tobacco control strategy. Law is a potent instrument for protecting and promoting public health. Through restrictions on advertising, a ban on sale to minors, a ban on smoking in public places and by mandating effective warnings law can provide many safeguards that integral to tobacco control.

Tobacco needs effective multi-ectoral coordination to help prevent and combat this man-made epidemic, in order to achieve that we need the following:

- Issuing laws and regulations to restrict or ban smoking in public places, such as, restaurants, cinemas, supermarkets, public transport, e.g. taxis, buses, etc.
- Reducing youth access to tobacco products Enact and enforce legislations that prevent minors from purchasing cigarettes and other tobacco products by prosecuting those who sell tobacco products to minors.
- Restrict the advertisement of cigarette smoking on billboards, newspapers, radio and television, and at the same time increase public awareness campaign on the harmful effects of smoking cigarettes, as well as other tobacco use, on the mass media.
- Design and implement cessation programmes for schools-based adolescent tailored counselling programs schools and make this more accessible for everyone who wish to quit.
- Restrict the advertisement of cigarette smoking on billboards, newspapers, radio and television, and at the same time increase public awareness campaign on the harmful effects of smoking cigarettes, as well as other tobacco use, on the mass media.
- To promote sustainable preventive programs to control tobacco epidemic targeting adolescents in schools.
- Formulate public policies and enact legislations that regulate tax increases for tobacco products.
- Appeal to sporting clubs to refuse sponsorship from tobacco entrepreneurs and to avoid the use of cigarette advertisement in the promotion of their respective sport.

It is necessary to implement a surveillance system that would enhance and strengthen the present database on tobacco use, for it can offer a useful tool for supporting

medium-term and long-term programs and advocacy actions for youth-oriented tobacco control. Community wide interventions are necessary to educate, encourage and support adults so that they can protect themselves and their children from environmental tobacco smoke.

Therefore the Global Youth Tobacco Survey should be repeated periodically and it should become an integral part of the surveillance system, in order to obtain a more comprehensive picture of tobacco-using behavior and related determinants among youth.

We must adopt legal instruments to tobacco or our children will accuse us of having wasted the opportunity. This will save the lives of millions who are, and will be, enslaved by tobacco. The challenge is obviously daunting, but it is definitely not insurmountable.