

## **DISCUSSION**

GYTS was implemented in Guyana mainly to provide base-line data on tobacco use among youths. Now that this has been done, the results confirm that we are not alone. Data now available on many countries around the world, where GYTS was implemented, show that tobacco use among young people range from a 10% low to a high of 33%, and as in Moscow and Kiev, more than one-third of youths aged between 13 and 15 years currently smoke.

Although smoking prevalence is low in Guyana, the 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.

It is necessary to implement a surveillance system that would enhance and strengthen the present data-base on tobacco use, for it can offer a useful tool for supporting medium-term and long-term programmes and advocacy actions for youth-oriented tobacco control.

It would be appropriate to consider several issues on 'Building Capacity for National Action' as expounded in the PAHO document "Tobacco Use in the Americas" (4) since it can be adapted to suit the Guyana situation.

### Strengthening the evidence base

There is need to support research on health and economic effects of policies and programmes in Guyana and on the strategies and activities of tobacco companies to better understand what responses are required to reduce tobacco use.

### Developing and disseminating information

Despite the existence of a lot of information on tobacco control, a significant information gap exists. There is a need to have access to relevant information about approaches to tobacco control. A World Bank report shows that tobacco control measures are effective and do not have a negative impact on most national economies.

### Coordinating rapid response

A rapid response to tobacco control interventions that may be based on legislative, funding and policy decisions is necessary when critical decisions are to be made. Tobacco companies usually are more equipped to respond quickly while health institutions have fewer resources to do so.

### Strengthening alliance

It is necessary to build alliance both nationally and globally. On the national front, governmental and non-governmental institutions need to mobilise political support and funding, and to exchange knowledge. This linkage can better facilitate strategic alliances between countries.

### Building human capacity through training

Training is vital in the promotion of knowledge and skill building among the population, especially among key personnel in both governmental and non-governmental institutions. An informed population is likely to respond positively to tobacco control programmes.

### Promoting leadership by health professional schools

There is a high level of tobacco use among health professionals and this is an obstacle to progress. Efforts should be made to raise the awareness of this situation and to enhance the creation of good role models. This can be done at all levels of the health institution. Advocacy in this direction can be an agent of change for tobacco control.

The first phase of the Tobacco Free Initiative (TFI) is harnessing the evidence for action. More researches need to be done to strength the existing database but it does not prevent moving on to the next phase, the activating phase, which provides the opportunity to implement mechanism nationally to address the issue of tobacco use among children and young people.