

## ***Introduction***

Tobacco use is considered to be the chief preventable cause of death all over the world. WHO is concerned about the number of the smokers as it increases rapidly. WHO attributes 4 million deaths a year to tobacco. A figure expected to be doubled by 2020. By that date, 70% of these deaths will be in developing countries.

Despite widespread knowledge of the harm caused by smoking, only modest success has been achieved in global tobacco control initiatives. Data revealed that in many countries, the median age of smoking was under the age of 15. Recent trends indicate rising smoking prevalence rates among children and adolescents and earlier age of initiation. If these patterns continue, tobacco use will result in the deaths of 250 million children and adolescents alive today, many of them in developing countries. These deaths will occur from a smoking related cause and half of them will be in the middle age. Therefore, adolescents and school-aged children should be a primary focus for intervention strategies. Carefully designed strategies should provide a clear picture of the risk factor behaviors of young and school – aged children which then can be used to set up more effective and comprehensive tobacco control policies.

### **General characteristics of EGYPT and Tobacco use in EGYPT:**

The total population in EGYPT is 65.851(2000) with adults above 15 years old is 42.803.

Tobacco cultivation is prohibited in Egypt. However, it is estimated that there are 39 billion cigarette manufactured in Egypt per year (about 0.7% of the world trade). And 17.000 persons are employed full-time in the tobacco industry.

Egyptians smoke 60 billion cigarettes yearly which rose to 85 billion during the year 2000. The number of smokers is increasing and it is estimated that roughly 13 million(48%) of Egyptian adults smoke, of this number 500.000 are under 15 years of age (3.84%) and 73.000 are under 10 years of age(0.57%).

A study conducted in 1998 about smoking prevalence among adolescents indicated that 6% are smokers and the prevalence was doubled (15.4%) among working adolescent boys who are not in school, compared to 7.6% among non-working adolescent boys.

The direct annual economic costs of smoking are L.E 3 billion (USD 880 million). The household income spent on cigarettes is 3.4% to 5%.

In addition to cigarette smoking, there is an alarming growth in the number of young males and females who are using shi-sha or water-pipes. In the past, it was a common practice among adult men who smoked in cafes and at their homes. Nowadays, there are a growing number of shi-sha places catering to the young. Smoking prevalence (**national-survey of Tobacco, MOH. 1998**).

Age (Years)	Sex	** EMTCP	* ACS
Adults	Males	35.0	43.6
	Females	1.6	4.8
Youth (15-19)	Males	15.0	13.2
	Females	2.0	3.3
Mean age for start	15 years old		

**\* ACS(American Cancer Society 2000): Tobacco control country Profile, Date of data , 1997(adults)& 1998 (Youth 14-18 ys).**

**\*\* EMTCP: Eastern Mediterranean Tobacco control profile (current survey 2002)**

Based upon a review of lung cancer rates for 196 countries listed in “ Tobacco Control country Profiles” American cancer society Inc. 1998 and consultation from the office on smoking and health at the USA Centers for Disease Control (CDC) and in consideration of the increased tobacco consumption in Egypt since the 1970’s.

The following assumptions can be made:

- 1) lung cancer rates increase about 30 years after an increase in tobacco use. Therefore, it is reasonable to expect an increase in lung cancer death rates over the next 10 years. Even with a dramatic decrease in tobacco use, lung cancer deaths would only gradually drop over the next decade .However, deaths from heart disease due to smoking would begin to decrease fairly rapidly over the next decade because the relative risk for heart disease among former smokers drops much faster than the relative risk of lung cancer.
- 2) The percent of deaths from other diseases that are due to tobacco use may be less than for lung cancer and heart diseases. Therefore, a decrease in tobacco use may not decrease the deaths from these diseases as much as for heart diseases and eventually for lung cancer.

Despite all this information on adult smoking behavior, there is a dearth of knowledge on the smoking behaviour of adolescents in Egypt .And like the developing countries, there is a need for good , scientific sound data about tobacco use patterns. However. In the era of globaltization, youth and adolescents are adopting behavior patterns that are comparable from country to country. Tobacco companies are taking advantage of this situation . They are advertising tobacco products using mass media techniques tragating “ The youth of the world”.

In response to the need for smoking control, the following laws/ activators are in effect:

- 1- law No. 52/1981 for prevention of smoking & reduction of tar to 20 mg/cig. This law also forbids smoking in public places & transpertation. In 1997 the tar was lowered by ministerial decree to 15 mg/cig with periodic sampling to assure conformity .

- 2- Law No 137/1981 for the punishment of smokers in work places.
- 3- Law No 4/ 1994 for the prevention of smoking in closed public with a fine of 10-50 L.E for smoking in public transpiration.
- 4- A ministerial decree 344/1997 was issued to assemble a steering committee for the National Program for smoking control, which included representatives from ministries of Health, Information, Education, Social labor, Awqaf (Religious leaders), Tourism, Interior Affairs & Environmental Affairs, besides the High Assembly of Youth & Sports.
- 5- A national campaign to prohibit the sale of cigarettes to young adults & children was carried out during Feb:1999.

\*A smoking control working group developed a Draft plan in 1999 & Final plan in 2000, Healthy Egyptian 2010 objectives are ..

- 1- Decrease deaths from smoking.
- 2- Decrease prevalence of cigarettes & shisha –smoking.
- 3- Delayed initiation of smoking.
- 4- Decreased exposure to second hand smoke.
- 5- Less tar content in cigarettes.
- 6- Smoke free and designated smoking places in public places.
- 7- Tobacco free environments.
- 8- Prevention curriculum in schools.
- 9- Enforcement of the current laws which prohibit all forms of tobacco product advertising .
- 10-Increase in the cost of tobacco products.

### **Who Resolution.**

Between 1970 and 1995, WHO adopted 14 resolutions on the need for both national & international tobacco control policies.

4 of the 14 resolutions are relevant to the UNF- project GYTS, Member states were encouraged to implement comprehensive tobacco control strategies that contain the following:

- 1- Measures to ensure that non-smokers receive effective protection to which they are entitled from involuntary exposure of tobacco smoke.
- 2- Measures to promote abstinence from the use of tobacco so as to protect children & young people from becoming addicted.
- 3- The establishment of programmes of education & public information on tobacco & health issues, including smoking cessation programmes, with active involvement of the health professionals & media.
- 4- Monitoring of trends in smoking & other forms of tobacco use, tobacco-related diseases & effectiveness of national smoking control programmes or action.

### **Background to the GYTS:**

The tobacco free initiative (IFI/WHO) was recently been awarded by the United Nations Foundation for International Partnerships (UNFIP) what is probably the largest single tobacco prevention grant to initiate a joint project with UNICEF, titled "Building alliances & taking action to create a generation of tobacco free children & youth".

The aim of the project is to pool together the evidence, technical support, and strategic alliances necessary to positively address the negative impact of tobacco and to encourage and support children & adolescents in leading healthy & active lives free of tobacco.

In response to lack of data especially on youth tobacco use in countries like Egypt, The WHO, in 1998, in collaboration with the CDC, initiated a global surveillance project of tobacco use among young people that would allow for cross-country comparisons.

The project GYTS, uses a common methodology & protocol for collecting data on tobacco use among young people aged 13 to 15 years across all countries. GYTS was intended to enhance the capacity of countries to monitor tobacco use among youth, and to guide the implementation & evaluation of tobacco prevention & control programmes & policies.

The GYTS is a school-based survey of students aged 13 to 15 years and is designed to gather information about smoking prevalence, knowledge and attitudes and behaviors related to tobacco use, media & advertising, young people's access to tobacco products, prevention curriculum in schools, exposure to environmental tobacco smoke & tobacco cessation.

The information obtained from the survey may be used in decision-making and develop strategies to prevent & control tobacco use among young people. The GYTS provides information on where tobacco products are obtained & used, information related to the effectiveness of enforcement measures.

School surveys are useful tools in gathering data as they are relatively inexpensive & easy to administer, tend to report reliable results & refusal rates are significantly lower than in household surveys.

The most common research approach for this specific population has been the self-administered questionnaire. Therefore, all the above, reasonably justify why a –

school-based survey has proved to be most appropriate, hence selected for the UN project on youth & tobacco.

**Objectives of the GYTS:**

- 1- To document & monitor the prevalence to tobacco-use including cigarettes smoking & current use of smokeless tobacco, cigars or pipes.
- 2- To obtain an improved understanding of and to assess learners' attitudes, Knowledge and behaviors related to tobacco use and its health impact, advertising, young people's access and school curriculum.
- 3- To provide information to guide programming and advocacy work addressing youth tobacco use.

**Content of the GYTS:**

The GYTS address the following issues :

- 1- Determine the level of tobacco use.
- 2- Estimate the age of initiation of cigarettes use.
- 3- Estimate the levels of susceptibility to become cigarette smoker.
- 4- Exposure to tobacco advertising.
- 5- Identify key intervening variables such as attitudes and beliefs on behavioral norms with regard to tobacco use among young people which can be used in prevention programmes.
- 6- Assess the extent to which major prevention programmes are reaching school-based population & establish the subjective opinions of these populations regarding such interventions.