I. Introduction

Tobacco use is one of the major preventable causes of death in the world. The World Health Organization (WHO) attributes some 5 million deaths a year to tobacco, a figure expected to rise to 10 million deaths a year by 2030, most of these deaths in developing countries.

In Georgia, the smoking prevalence in adults has remained stable during the last 5 years. The pattern of smoking in adults shows big difference between males and females, as over 50% of male smoke (consequently, Georgia is the one of 11 countries out of 51 of those having such high rates, covered by WHO European Region) in comparison to only 15% of women. Still, it is suspected that the tobacco consumption among youngsters is an increasing problem in Georgia. Until 2002 there was no national surveillance system to monitor the smoking behaviour in young people except isolated surveys supported by the Department of Public Health. Basic document referred to tobacco consumption is the Decree of the President of Georgia 2000, Sep., 18, N 412. The Law Concerning Tobacco Control adopted by the Parliament of Georgia, but it is not signed by the President of Georgia yet. According to health care experts, it is a week leal instrument, which does not respect certain demands of Framework Convention and European Strategy.

In 2003, the Ministry of Labour, Health and Social Affairs initiated the process of development of National Action Plan (NAP) on Tobacco Control for the period 2004-2007. The NAP will be in line with the new European Strategy on Tobacco Control recently approved by the WHO European Member States, in September 2002. The NAP will be based on intersectorial approach and cover areas like all points of European Strategy on Tobacco Control, developing thus thus existing legislation and policy

The Framework Convention on Tobacco Control has not been signed by Georgia. It is expected that the ratification of the FCTC by the Georgian Parliament will give a boost to tobacco control in the country.

Another development in the recent years has been the opening of cessation clinics (the National Centre Against Tobacco), and help line services within the framework of the Healthy Lifestyle Programme. Also, pharmacotherapies are available without prescription in pharmacies.

Georgia is a tobacco producer and manufacturer, and very important one (57% of tobacco products on Georgian market is produced in Georgia). The tobacco companies belong to private companies, both local and international ones. Some members of Georgian Parliament are ex-heads of tobacco companies.

In this context, there is specific situation in Georgia - tobacco control measures are increasingly developing, while tobacco companies (both local and international) are blocking the adoption of legislation on tobacco.

In 2002, the Georgian Ministry of Labour, Health and Social Affairs accepted the invitation launched by the WHO Regional Office for Europe in collaboration with US Centres for Disease Control and Prevention to participate in the Global Youth Tobacco Survey (GYTS) project. The implementation of the GYTS took place in Georgia at the end of 2002.

II. Methods

a) Sampling procedures

The 2002 Georgia GYTS is a school-based survey, which employed a two-stage cluster sample design to produce a nationally representative sample of students in grades 7, 8 and 9. The first-stage sampling frame consisted of all regular schools containing any of grades 7, 8, and 9. The schools were selected with probability proportional to school enrolment size. 60 schools were selected (Capital – 20, east urban – 4, east rural – 16, west urban – 16, west rural – 4).

The second sampling stage consisted of systematic equal probability sampling (with a random start) of classes from each school that participated in the survey. All classes in the selected school were included in the sampling frame. All students in the selected classes were eligible to participate in the survey.

A weighting factor was applied to each student record to adjust for non-response and for the varying probabilities for selection. For the 2002 Georgia GYTS, 4543 questionnaires were completed in 60 schools. The school response rate was 100 %, and the student response rate was 85.3 %. The overall response rate was 85.3 %. SUDAAN and Epi Info were used to compute 95 % confidence intervals (95% CI) for the estimates. In case, when the ranges for 95% CI did not overlap, the differences were statistically significant.

b) Data collection procedures

Survey procedures were designed to protect the students' privacy by allowing for anonymous and voluntary participation. The self-administered questionnaire was administered in the classroom. Students recorded their responses directly on an answer sheet that could be scanned by a computer. The questionnaire contained multiple-choice questions.

The fieldwork was done for the period December 5 - 25, 2002. The survey was administrated by 9 administrators of survey from the Institute of Drug Addiction, the Department of Public Health of the Ministry of Labour, Health and Social Affairs, from the Ministry of Education and from NGO Institute of Public Health Development Support. The data was sent from 20 districts of all 12

regions, as some districts were not included (46), because enrolment data was not available from isolated remote areas in the mountains. Still the data was national representative, covering both east and west parts of the country.

III. Results

Table 1A: Percent of students who smoke cigarettes, GEORGIA, GYTS, 2002

Category	Ever Smoked Cigarettes, Even One or Two Puffs	Age of Initiation <10, Ever Smoked Cigarettes	Current Use	Current Cigarette Smokers who Smoke:		Percent of never smokers likely to initiate smoking during the next year
			Cigarettes – Total	Hand-rolled cigarettes	Manufactured cigarettes	
Total	43.9 (± 2.7)	52.2 (± 4.0)	22.1 (± 2.3)	6.5 (± 1.6)	93.7 (± 2.6)	22.7 (± 3.9)
Sex						
Boy	55.5 (± 2.9)	53.8 (± 4.8)	32.6 (± 3.6)	6.2 (± 1.9)	93.7 (± 3.1)	19.6 (± 6.2)
Girl	32.7 (± 3.8)	49.5 (± 4.9)	12.1 (± 2.5)	7.5 (± 4.0)	93.7 (± 2.5)	24.8 (± 3.2)
Region						
Tbilisi	42.7 (± 4.3)	43.9 (± 5.5)	13.7 (± 2.6)	17.4 (± 3.9)	85.1 (± 8.0)	26.6 (± 6.0)
Other Urban	39.5 (± 4.5)	57.5 (± 8.8)	29.5 (± 5.1)	2.5 (± 1.9)	96.3 (± 1.9)	16.3 (± 6.2)
Rural	52.2 (± 5.2)	62.6 (± 5.2)	32.5 (± 4.8)	0.5 (± 0.6)	99.0 (± 0.7)	21.7 (± 8.6)

Among all students, 43.9% have ever smoked cigarettes and 22.1% are current smokers (Table 1A). Boys are significantly more likely than girls to have ever smoked or to currently smoker cigarettes (55.5% versus 32.7% and 32.6% versus 12.1%). Current cigarette smoking was significantly higher in the other urban (29.5%) and rural regions (32.5%) compared to Tbilisi (13.7%). Over half (52.2%) of ever smokers initiated smoking before age 10, with early initiation significantly higher in the other urban and rural regions compared to Tbilisi. For current smokers, 6.5% had smoked hand rolled cigarettes compared to 93.7% who had smoked manufactured cigarettes. Use of hand rolled cigarettes was significantly higher in Tbilisi than in the other regions however use of