

INTRODUCTION

Despite widespread knowledge of the harm caused by smoking, only modest success has been achieved in global tobacco control initiatives. Current estimations of The World Health Organization (WHO) indicates that tobacco consumption causes 3.5 million deaths a year, a figure expected to rise to about 10 million by the year 2030, and, 70% of those deaths will occur in developing countries.

Tobacco use is considered to be one of the chief preventable causes of death in the world. Most people begin using tobacco before the age of 18. Recent studies on trends of tobacco consumption indicate that the smoking prevalence rate among adolescents is rising; and that their age of initiation is lowering. If these patterns continue, tobacco use will result in the deaths of 250 million children and young people alive today, many of them in developing countries. Therefore, adolescents and school-aged children should be a primary focus for intervention strategies. Carefully designed surveys 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.

In the developing world there is a need for good, scientific sound data about tobacco use patterns. However, in the era of globalization, 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 targeting “the youth of the world”.

To counteract the effect of that strategy, there is an urgent need for information that would allow across country comparisons. That would permit the fulfillment of the dual objective of designing preventive strategies targeting “the global youth” while taking into consideration local peculiarities”.

The Tobacco Free Initiative (TFI)/WHO was awarded by the United Nations Foundation for Intentional Partnerships (UNFIP) as a 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. The project will be focused in a small group of developing countries, one per WHO Region, and will draw upon the combined technical expertise and operational resources of a number of UN agencies, in particular WHO, UNICEF, and the World Bank. The agencies will work together with the global scientific community, government and non-government agencies, institutions and systems within countries, the media, and with young people to show that together they can make a difference in this important public health issue.

The project is conceived as a dynamic and interactive process, whereby the activities and products of each phase will be used to inform and guide subsequent activities. 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 countries, 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. Country Activating Groups (CAGS), with broad membership, will be formed in each of the participating countries 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 regional capacity to sustain activities; integrating the products and results of the project into ongoing tobacco control work at the national, regional and global levels; transferring technology and experience between countries and regions; and strengthening cooperation and collaboration at all levels.

Seven countries have been selected to participate in the activating phase (Phase 2) of this project: China, Jordan, Sri Lanka, Venezuela, Zimbabwe and Ukraine. UNICEF and WHO will also be supporting a group of countries in the Caribbean and Pacific regions to participate in the technical elements of the project, using their existing resources. As a first step in this Phase, WHO and CDC organized a technical meeting in 1998 to plan for the development and implementation of an initial baseline assessment of youth tobacco use in each country using a school survey instrument: the Global Youth Tobacco Survey (GYTS).

THE GLOBAL YOUTH TOBACCO SURVEY (GYTS)

The GYTS is a school-based tobacco specific survey which focuses on adolescents age 13-15 (grades 8-10). It assesses student' attitudes, knowledge and behaviors related to tobacco use and exposure to environmental tobacco smoke (ETS) as well as youth exposure to prevention curriculum in school, community programs, and media messages aimed at preventing and reducing youth tobacco use. The GYTS provides information on where tobacco products are obtained and used, and information relate to the effectiveness of enforcement measures. 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 in households surveys. The most common research approach for this specific population, has been the self-administered questionnaire. Therefore, all the above, reasonably justifies why a school-based survey has