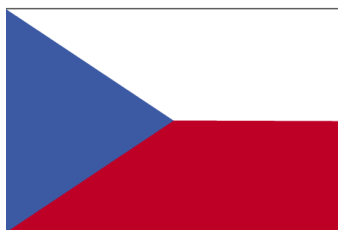


**CZECH REPUBLIC 2011 COUNTRY REPORT
GLOBAL YOUTH TOBACCO SURVEY (GYTS)**



CONTENTS

1. Acknowledgements
2. Summary
3. Introduction
 - a. Country Demographics
 - b. WHO Framework Convention on Tobacco Control and MPOWER
 - c. Purpose and Rationale
 - d. Current State of Policy
 - e. Other Tobacco Surveys
 - f. Country-Specific Objectives
4. Methods
 - a. Sampling
 - b. Data Collection
 - c. Data Analysis
5. Results
 - a. Prevalence
 - b. Knowledge and Attitudes
 - c. Access and Availability
 - d. Exposure to Secondhand Smoke
 - e. Cessation
 - f. Media and Advertising
 - g. School Curriculum
6. Discussion
 - a. Summary of Results
 - b. Comparison to Previous Tobacco Surveys
 - c. Relevance to WHO FCTC/WHO MPOWER
 - d. Relevance to Country
 - e. Proposed Interventions/Further Studies
7. Recommendations
8. References

Acknowledgements

Czech Republic acknowledges the support of the World Health Organization's Regional Office for Europe and the United States Centers for Disease Control and Prevention (CDC) for providing technical and financial support to develop and print this document.

This report has been prepared by Hana Sovinova, M.D., National Institute of Public Health and is based on the 2011 Global Youth Tobacco Survey findings in Czech Republic.

Summary

Tobacco use is the leading global cause of preventable death. WHO attributes nearly six million deaths a year to tobacco. That figure is expected to rise to more than eight million deaths a year by 2030. Most people begin using tobacco before the age of 18.

The Global Youth Tobacco Survey (GYTS) was developed by the Tobacco Free Initiative (TFI), World Health Organization (WHO) and the Office on Smoking and Health (OSH) of the United States Centers for Disease Control and Prevention (CDC) to gather prevention and control information on young people. The GYTS is a school-based survey focused on students in grades associated with the age group 13-15 years.

For the 2011 Czech Republic GYTS, 3799 questionnaires were completed in 49 schools. A total of 3799 students participated in the Czech Republic GYTS of which 3350 were ages 13 to 15 years (Male: 1663, Female: 1687). The school response rate was 98 %, and the student response rate was 85.7 %. The overall response rate was 83.1 %.

The questionnaire contained 69 multiple-choice questions. The data was analyzed highlighting the questions that are considered key tobacco control indicators from the GYTS. Indicators are in accordance with the WHO FCTC and MPOWER technical package.

69.8 % of students overall reported ever using tobacco. 36.5 % reported current tobacco use (at least once in the last 30 days), 30.6 % reported currently smoking cigarettes, and 17.3 % reported using tobacco other than cigarettes within the previous 30 days. In addition, 27.2 % indicated that they were susceptible to start smoking in the next year.

Students reported that 30.1 % think boys and 23.0 % think girls who smoke have more friends, and 9.5 % think boys and 6.2 % think girls who smoke are more attractive.

Of current smokers, 47.6 % buy cigarettes in a store, and 67.9 % who bought cigarettes in a store were NOT refused purchase because of their age.

Of the students that participated in the survey, 43.0 % live in homes where others smoke, and 90.0 % are around others who smoke in places outside their home. Regarding environmental tobacco smoke, 71.8 % think that smoking should be banned from public places and 63.0 % think smoke from others is harmful to them. In their personal lives, 53.3 % of students reported they have one or more parents who smoke, and 27.1 % report having most or all friends who smoke.

Of current smokers, 44.9 % reported that they want to stop smoking, and 70.3 % tried to stop smoking within the past year. Regarding cessation attempts, 46.1 % of current smokers report that they have received help to stop smoking.

In the past 30 days, 73.6 % saw anti-smoking media messages. Even though there is a ban of advertising and sponsorship of tobacco products in the Czech Republic, 72.4 % reported that they saw any cigarette brand names when watching TV, and 59.0 % reported that they saw pro-cigarette ads in newspapers or magazines during the same time period. Up to 14.5 % reported that they have an object with a cigarette brand logo, and 7.6 % have been offered free cigarettes by a tobacco country representative.

In the past year, 64.4 % had been taught in class about the dangers of smoking, and 49.2 % had discussed in class why people their age smoke.

GYTS methodology provides an excellent framework for monitoring and guiding the implementation of school tobacco control programs while making it compliant with the requirements of FCTC. The results of this survey will be disseminated broadly and, ideally, used to adopt and implement effective legislative measures for preventing and reducing tobacco consumption, nicotine addiction, and exposure to tobacco smoke.

Introduction

Tobacco use is the leading global cause of preventable death. WHO attributes nearly six million deaths a year to tobacco. That figure is expected to rise to more than eight million deaths a year by 2030. Most people begin using tobacco before the age of 18.

The Global Youth Tobacco Survey (GYTS) was developed by the Tobacco Free Initiative (TFI), World Health Organization (WHO) and the Office on Smoking and Health (OSH) of the United States Centers for Disease Control and Prevention (CDC) in collaboration with a range of countries representing the six WHO regions to gather comprehensive tobacco prevention and control information on young people. The GYTS is a school-based survey that uses a two-stage cluster sample design to produce representative samples of students in grades associated with the age group 13-15 years. All classes in the selected grades were included in the sampling frame. All students in the selected classes were eligible to participate in the survey.

Country Demographics

Czech Republic is a Member State of the World Health Organization's Regional Office for Europe and is considered a high income country.

WHO Framework Convention on Tobacco Control and MPOWER

In response to the globalization of the tobacco epidemic, the 191 Member States of the World Health Organization unanimously adopted the WHO Framework Convention on Tobacco Control (FCTC) at the Fifty-sixth World Health Assembly in May 2003. The FCTC is the world's first public health treaty on tobacco control. It is the driving force behind, and blueprint for the global response to the pandemic of tobacco-induced deaths and diseases. The treaty embodies a coordinated, effective, and urgent action plan to curb tobacco consumption and lays out cost-effective tobacco control strategies for public policies such as banning direct and indirect tobacco advertising, increasing tobacco tax and price, promoting smoke-free public places and workplaces, displaying prominent health messages on tobacco packaging, and tobacco research, surveillance, and exchange of information.

To help countries fulfill their WHO FCTC obligations, in 2008 WHO introduced MPOWER, a technical package of six evidence-based tobacco control measures that are proven to reduce tobacco use and save lives:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco

The GYTS supports WHO MPOWER by monitoring country-specific data on key tobacco indicators, including prevalence, knowledge, and behavior. The final questionnaire was translated into Czech and back-translated into English to check for accuracy.

Purpose and Rationale

The purpose of participating in the GYTS is to enhance countries' capacity to monitor youth tobacco consumption and tobacco use initiation, guide national tobacco prevention and control programs, and facilitate comparison of tobacco-related data at the national, regional, and global levels. Results from the GYTS are also useful for documenting the changes in different variables of tobacco control measures for monitoring the implementation of different provisions of the tobacco control law and the relevant Articles of the WHO Framework Convention.

The rationale for Czech Republic's participation in the GYTS includes the following:

- a) The most recent mortality data from the Czech Republic for the year 2010 showed that 3,998 males (77.7 per 100,000 inhabitants) and 1,556 females (29 per 100,000 inhabitants) died from lung cancer (C34), and same time this single cause of death is a leading cause of deaths of all neoplasms (CZSO, 2011). National and international studies also confirm that the overall mortality attributable to smoking is very high. In 2002, there were 20,550 deaths in the CR that could be attributed to smoking (14,525 men and 6,025 women). Deaths caused by smoking represented 19% of the total nationwide mortality (Sovinova et al., 2008).
- b) The reduced productivity caused by smoking related morbidity is serious, and the treatment of smoking related illnesses is costly. The conservative estimate for the Czech Republic suggests that at least 4 % of total health care expenditures for inpatient treatment may be attributable to tobacco smoking.
- c) The smoking prevalence in adult population is 25 %.
- d) The Czech Ministry of Health "Long term Program for Improving the Health of the Population of the Czech Republic: Health for All in the 21st Century" has made reduction of tobacco use a priority especially for population groups of youth and young adults.

From the perspective of the national health policy, it is very important to monitor the trends in smoking in youth. The analysis of trend may reflect the effectiveness of preventative actions and also provides important information on the context of smoking.

Current State of Policy

Currently, in Czech Republic, there are 6 main tobacco policies in place related to tobacco control, for example:

Act No. 379/2005 Coll. on measures for protection against the harmful effects of tobacco products, alcohol and other addictive substances;

Act No. 262/2006 Coll. The Labor Code;

Law No. 40/1995 Coll. On the regulation of advertising;

Act No. 231/2001 Coll. On radio and television broadcasting;

Decree No. 344/2001 Coll. Ministry of Agriculture, which establishes requirements for tobacco products;

A long term Program for improving the health of the population of the Czech Republic: Health for all in the 21st century.

These laws limit environmental tobacco smoke (public smoking bans), sale of tobacco to certain age groups, control packaging and labeling of tobacco products, prevent pro-tobacco marketing, etc.

Other Tobacco Surveys

The GYTS has previously been conducted in Czech Republic in 2002 and 2007. In addition to the GYTS, the following surveys have been run in Czech Republic: HBSC in 2010 and ESPAD in 2011 (last rounds).

Country Specific Objectives

The following specific objectives using baseline GYTS Data as a starting point are set for next period of time.

- Reduce current tobacco use in Czech students in grades 7 to 9 from 37 % in 2011 to 34 % in 2015.
- Reduce current cigarette use in Czech students in grades 7 to 9 from 31% in 2011 to 28 % in 2015.
- Increase tobacco use cessation attempts Czech in students in grades 7 to 9 from 70 % in 2011 to 80 % in 2015.

Methods

Sampling

The 2011 Czech Republic GYTS is a school-based survey, which employed a two-stage cluster sample design to produce a national (national/regional/city-level) representative sample of students in grades 7-9. The first-stage sampling frame consisted of all types of schools containing grades 7-9 and other age relevant schools. Schools were selected with probability proportional to school enrollment size. The second sampling stage consisted of systematic equal probability sampling (with a random start) of classes from each school selected during the first stage. The GYTS was conducted in 49 schools and 207 classrooms. Total 3799 students participated in the GYTS. The grades that were sampled for the 2011 GYTS were 7, 8, 9 (Grammar schools), 1, 2 (Gym 6 schools), and 2, 3, 4 (Gym 8 schools).

A weighting factor was applied to each student record to adjust for non-response and for the varying probabilities of selection. For the 2011 Czech Republic GYTS, 3799 questionnaires were completed in 49 schools. A total of 3799 students participated in the Czech Republic GYTS of which 3350 were ages 13 to 15 years (Male: 1663, Female: 1687). The school response rate was 98 %, and the student response rate was 85.7 %. The overall response rate was 83.1 %. SUDAAN, a software package for statistical analysis of complex survey data, was used to calculate weighted prevalence estimates and standard errors (SE) of the estimates (95% confidence intervals [CI] were calculated from the SEs).

Data Collection

Data collection took place from April 18, 2011 to May 31, 2011 and was supported by 17 field workers.

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 69 multiple-choice questions. The survey included 54 questions from the core questions and 15 from the optional questions available.

Data Analysis

Frequency tables for each survey question are developed which show the number of cases, percentage, and the 95% confidence interval. Preferred tables are also developed highlighting the questions that are considered key tobacco control indicators from the GYTS. Indicators are in accordance with the WHO FCTC and MPOWER technical package.

Results

Prevalence – Article 20 of WHO FCTC: Research, Surveillance and Exchange of Information

Table 1: Percent of students who use tobacco, Czech Republic, 2011

Category	Ever smoked cigarettes % (95% CI)	Current Any Tobacco Users % (95% CI)	Current Cigarette Smokers % (95% CI)	Current Other Tobacco Users % (95% CI)	Never Smokers Susceptible to Start Smoking in the Next Year % (95% CI)
Total	69.8 (63.9 – 75.1)	36.5 (33.2 – 39.9)	30.6 (26.2 – 35.3)	17.3 (14.5 – 20.7)	27.2 (23.4 – 31.5)
Male	69.3 (62.2 – 75.7)	35.0 (31.6 – 38.7)	28.0 (23.7 – 32.7)	19.8 (16.0 – 24.2)	22.2 (19.4 – 25.2)
Female	70.2 (63.7 – 76.0)	37.8.7 (33.3 – 42.6)	33.1 (28.0 – 38.6)	14.9 (12.3 – 18.0)	32.2 (25.6 – 39.7)

In Czech Republic 69.8 % of students overall reported ever using tobacco. Overall, 36.5 % reported current tobacco use (at least once in the last 30 days), 30.6 % reported currently smoking cigarettes, and 17.3 % reported using tobacco other than cigarettes within the previous 30 days. In addition, 27.2 % indicated that they were susceptible to start smoking in the next year.

Knowledge and Attitudes – Article 12 of WHO FCTC: Education, Communication, Training and Public Awareness

Table 2

Category	Percent who think boys who smoke have more friends (95% CI)	Percent who think girls who smoke have more friends (95% CI)	Percent who think boys who smoke are more attractive (95% CI)	Percent who think girls who smoke are more attractive (95% CI)
Total	30.1 (26.7 – 33.7)	23.0 (19.5 – 26.8)	9.5 (7.5 – 11.9)	6.2 (4.7 – 8.3)
Male	27.6 (23.3 – 32.2)	23.4 (19.2 – 28.2)	10.5 (8.3 – 13.3)	7.3 (5.5 – 9.6)
Female	32.5 (28.0 – 37.4)	22.6 (19.0 – 26.7)	8.5 (6.0 – 11.8)	5.3 (3.5 – 7.9)

Students reported that 30.1 % think boys and 23.0 % think girls who smoke have more friends, and 9.5 % think boys and 6.2 % think girls who smoke are more attractive.

Access and Availability

Table 3 – Article 20 of WHO FCTC: Research, Surveillance and Exchange of Information

Category	Percent of current smokers who buy cigarettes in a store (95% CI)	Percent of current smokers who bought cigarettes in a store in the past 30 days who were NOT refused because of their age (95% CI)
Total	47.6 (40.7 – 54.6)	67.9 (61.3 – 73.8)
Male	52.8 (46.5 – 59.0)	65.4 (56.8 – 73.1)
Female	43.8 (34.2 – 53.9)	70.1 (60.8 – 78.0)

Of current smokers, 47.6 % buy cigarettes in a store, and 67.9 % who bought cigarettes in a store were NOT refused purchase because of their age.

Secondhand Smoke

Table 4 - Article 8 of WHO FCTC: Protection from Exposure to Tobacco Smoke

Category	Percent who live in homes where others smoke (95% CI)	Percent who are around others who smoke in places outside their home (95% CI)	Percent who think smoking should be banned from public places (95% CI)
Total	43.0 (38.2 – 48.0)	90.0 (88.2 – 91.5)	71.8 (67.4 – 75.9)
Male	42.5 (37.3 – 47.9)	88.1 (85.7 – 90.1)	71.3 (65.5 – 76.4)
Female	43.4 (38.2 – 48.8)	91.8 (89.5 – 93.6)	72.4 (68.2 – 76.2)

Table 5 – Article 12 of WHO FCTC: Education, Communication, Training and Public Awareness

Category	Percent who think smoke from others is harmful to them (95% CI)	Percent who have one or more parents who smoke (95% CI)	Percent who have most or all friends who smoke (95% CI)
Total	63.0 (60.5 – 65.5)	53.3 (49.1 – 57.4)	27.1 (22.0 – 33.0)
Male	65.0 (62.3 – 67.6)	52.4 (47.5 – 57.2)	24.0 (18.7 – 30.2)
Female	61.2 (57.2 – 65.0)	54.2 (49.3 – 59.0)	30.1 (24.5 – 36.2)

Of the students that participated in the survey, 43.0 % live in homes where others smoke, and 90.0 % are around others who smoke in places outside their home.

Regarding environmental tobacco smoke, 71.8 % think that smoking should be banned from public places and 63.0 % think smoke from others is harmful to them.

In their personal lives, 53.3 % of students reported they have one or more parents who smoke, and 27.1 % report having most or all friends who smoke.

Cessation

Table 6 – Article 14 of WHO FCTC: Demand Reduction Measures Concerning Tobacco Dependence and Cessation

Category	Percent of current smokers who want to stop smoking (95% CI)	Percent of current smokers who tried to stop smoking during the past year (95% CI)	Percent of current smokers who have received help to stop smoking (95% CI)
Total	44.9 (40.5 – 49.3)	70.3 (64.7 – 75.2)	46.1 (40.6 – 51.6)
Male	42.5 (35.7 – 49.7)	63.7 (54.9 – 71.7)	47.0 (37.8 – 56.5)
Female	46.6 (42.2 – 51.1)	75.2 (70.6 – 79.3)	45.3 (39.0 – 51.7)

Of current smokers, 44.9 % reported that they want to stop smoking, and 70.3 % tried to stop smoking within the past year.

Regarding cessation attempts, 46.1 % of current smokers report that they have received help to stop smoking.

Media and Advertising – Article 13 of WHO FCTC: Tobacco Advertising, Promotion and Sponsorship

Table 7

Category	Percent who saw anti-smoking media messages in the past 30 days (95% CI)	Percent who have seen any cigarette brand names when watching TV (95% CI)	Percent who have seen pro-cigarette ads in newspapers or magazines in the past 30 days (95% CI)
Total	73.6 (71.1 – 75.9)	72.4 (70.4 – 74.2)	59.0 (56.2 – 61.7)
Male	72.2 (68.9 – 75.3)	76.4 (74.3 – 78.3)	60.2 (57.7 – 62.6)
Female	75.0 (71.7 – 78.0)	68.6 (65.7 – 71.3)	57.8 (54.0 – 61.6)

Table 8

Category	Percent who have an object with a cigarette brand logo (95% CI)	Percent who were offered free cigarettes by a tobacco company representative (95% CI)
Total	14.5 (12.0 – 17.5)	7.6 (6.1 – 9.3)
Male	17.1 (14.3 – 20.2)	9.6 (7.5 – 12.2)
Female	12.1 (9.3 – 15.7)	5.7 (4.5 – 7.2)

In the past 30 days, 73.6 % saw anti-smoking media messages. Even though there is a ban of advertising and sponsorship of tobacco products in the Czech Republic, 72.4 % reported that they saw any cigarette brand names when watching TV, and 59.0 % reported that they saw pro-cigarette ads in newspapers or magazines during the same time period. Up to 14.5 % reported that they have an object with a cigarette brand logo, and 7.6 % have been offered free cigarettes by a tobacco country representative.

School Curriculum – Article 12 of WHO FCTC: Education, communication, training and public awareness

Table 9

Category	Percent who had been taught in class during the past year about the dangers of smoking (95% CI)	Percent who had discussed in class during the past year reasons why people their age smoke (95% CI)
Total	64.4 (58.8 – 69.6)	49.2 (43.8 – 54.7)
Male	62.2 (56.0 – 68.0)	49.1 (43.4 – 54.8)
Female	66.6 (60.9 – 71.8)	49.4 (43.2 – 55.7)

In the past year, 64.4 % had been taught in class about the dangers of smoking, and 49.2 % had discussed in class why people their age smoke.

Discussion

Prevalence, Cessation, and Addiction

In Czech Republic 41.3 % reporting current use of any tobacco product and 30.6 % reporting that they currently smoke cigarettes. Despite 70.3 % of youths reporting that they had tried, unsuccessfully, to quit smoking in the last year, 60.4 % indicated that they believed that it was definitely or probably not difficult to quit smoking and 27.2 % indicated that they were susceptible to begin smoking within the next year.

Gender Differences

Prevalence of cigarette smoking is higher among girls (33.1 %) than among boys (28.0) even though not statistically significant. Alarming is the fact that percentage of girl never smokers susceptible to start smoking in the next year (32.2 %) significantly exceeds the percentage of boys (22.2 %).

Harmful Effects of Smoking

The harmful effects of smoking are well known and well documented. The tobacco epidemic kills 5.4 million people a year from lung cancer, heart disease, and other illnesses¹. The younger children are when they first try smoking, the more likely they are to become regular smokers and the less likely they are to quit^{2,3,4,5}. And while evidence is strong, in many cases, young people are still unaware of the harmful effects. Schools are integral to educating youths about the dangers of tobacco use but in Czech Republic, only 64.4 % of youths surveyed had been taught in class during the past year about the dangers of smoking. Strengthening education is a focus of the FCTC. Educators are specifically mentioned as important sources of information about the dangers of tobacco use for their students.

Public Awareness and Dangers of Smoking

In Czech Republic, dozens of programs have been initiated to raise awareness on the dangers of tobacco smoking on local, regional, and national level. Of these, significant part has 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, for example pro-cigarette ads in newspapers and magazines, or cigarette brands on

TV. Although 73.6 % of Czech youths reported seeing anti-smoking media messages in the previous 30 days, 72.4 % of them reported seeing pro-smoking media when watching TV.

Regulations in Country to Control Tobacco Use in Youths

In Czech Republic, the following law is in place to control tobacco use in youths:

Act No. 379/2005 Coll. on measures for protection against the harmful effects of tobacco products, alcohol and other addictive substances

Despite having laws to control sale of tobacco products to youth, all of the students enrolled in this survey who reported they used tobacco were under the age of eighteen. In addition, 47.6 % indicated that they were able to buy their cigarettes in a store and 67.9 % indicated that they had not been refused due to their age in the last 30 days.

Secondhand Smoke

In Czech Republic, the following laws are in place to regulate environmental tobacco smoke:

- Act No. 379/2005 Coll. on measures for protection against the harmful effects of tobacco products, alcohol and other addictive substances
- Act No. 262/2006 Coll. The Labor Code

The results of this survey showed that only 63.0 % of youths surveyed believed that secondhand smoke could be harmful to them, and only 71.8 % believed that smoking should be banned from public places. It is important to educate youths on the dangers of tobacco use, and in particular the risks associated with secondhand smoke.

Comparison to Previous Tobacco Surveys

Comparison of results of the current GYTS to past years of the GYTS is shown in the following table.

Table 10

Prevalence	2002			2007			2011		
	Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
Current cigarette smokers (%; 95% CI)	34.6 (31.2-38.1)	34.0 (29.7-38.5)	35.1 (30.8-39.6)	31.1 (27.2-35.3)	29.8 (25.1-35.0)	32.7 (27.6-38.1)	30.6 (26.2 – 35.3)	28.0 (23.7 – 32.7)	33.1 (28.0 – 38.6)
Current users of other tobacco products (%; 95% CI)	8.5 (7.1-10.1)	11.6 (9.6-14.1)	5.5 (3.9-7.1)	14.5 (12.0-17.3)	17.2 (14.3-20.7)	11.2 (8.4-15.0)	17.3 (14.5 – 20.7)	19.8 (16.0 – 24.2)	14.9 (12.3 – 18.0)

During the last ten years, prevalence of cigarette smoking declined very slightly, more in boys than in girls.

On the other hand, use of tobacco products other than cigarettes increased steadily both in boys and girls. Between 2002 and 2011, the use of tobacco products other than cigarettes more than doubled. This increase is associated mostly with smoking of water pipe, which in recent years is among young people very popular.

Relevance to FCTC

The results of this GYTS are critical for gauging progress toward WHO FCTC and MPOWER implementation and uptake.

Czech Republic's participation in GYTS addresses the first element of MPOWER (*Monitor tobacco use and prevention policies*). And GYTS asks students a range of questions that spans many of the remaining elements of MPOWER. The resulting data are critical for gauging Czech Republic's progress toward fully implementing the elements of MPOWER among its youth. The information provided by GYTS can address several provisions of the FCTC that relate to the role of school personnel and the comprehensive school tobacco control policy.

1. Protect people from tobacco smoke

The GYTS data show that 90.0% of students are around others who smoke outside their home and 43.0 % live in homes where others smoke in their presence.

2. Offer help to quit tobacco use

- Results from GYTS show that students who currently smoke are interested in quitting.
- Of students who currently smoke:
 - o 44.9 % want to stop smoking.
 - o 70.3 % tried to stop smoking in the past year.
 - o 46.1 % have ever received help to stop smoking.

3. Warn about the dangers of tobacco

During the past year, 64.4 % of students had been taught in class about the dangers of smoking. The GYTS data also show that during the past year, 49.2 % of students had discussed in class reasons why people their age smoke.

4. Enforce bans on tobacco advertising, promotion, and sponsorship

The GYTS data show that 73.6 % of students saw anti-smoking media messages in the past 30 days. But, in the past 30 days, 72.4 % saw any cigarette brand names when watching TV and 59.0 % saw them in newspapers or magazines. Further, 14.5 % of students have an object with a cigarette brand logo and 7.6 % were offered free cigarettes by a tobacco company representative.

GYTS methodology provides an excellent framework for monitoring and guiding the implementation of school tobacco control programs while making it compliant with the requirements of FCTC.

The results of this survey will be disseminated broadly and, ideally, used to adopt and implement effective legislative measures for preventing and reducing tobacco consumption, nicotine addiction, and exposure to tobacco smoke.

Relevance to Country

Many youths report wanting to quit, but teachers are not trained in any way to prevent tobacco use among their students.

The data suggests an early age of initiation of cigarette usage among country adolescents. Tobacco control education therefore needs to start at a very young age. However, limited levels of tobacco-related issues are currently discussed in the formal school curriculum.

Adolescents are faced with the double burden of cigarette use and the use of other forms of tobacco products such as current increase of water pipe use.

Students in Czech Republic are still reporting being exposed to pro-smoking media campaigns. It is important to control this exposure and enforce the current law.

Proposed Interventions; Further Studies

Further study into why youths report a significantly higher rate of use of water pipe, and in particular female youths, is suggested to understand this alarming new trend.

Due to the fact that children are likely to start smoking if they grow up in an environment where tobacco advertising is not totally restricted, 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, the tobacco control policies need to take this into consideration. Besides drafting such policies, their enforcement and public awareness need to be considered. The starting point could be the law already in place on the sale of tobacco products to children aged below 18, which does not seem to be adequately enforced.

Awareness campaigns on the dangers of cigarette smoking & tobacco products need to be intensified in an effective way. There is need for regular school education on the dangers of tobacco. However, due to insufficient government funding for information dissemination various information, education and research initiatives can also be developed and implemented by NGOs operating within communities.

Educational programs and health promotion campaigns can serve a useful role in tobacco control. 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.

Recommendations

1. A significant number of students were exposed to tobacco smoke at home and public places and more than seven in ten students believe smoking in all public places should be banned. There is a need to effectively enforce existing law that bans tobacco smoking in public places and make it more comprehensive.
2. Many students who smoke expressed the desire to quit smoking and many have even attempted to quit. With the proper assistance and tools, those students could stop smoking forever. Nongovernmental organizations could play a vital role as a resource for youth interested in quitting.
3. Many youth were exposed to pro-cigarette advertising and some of them were provided free cigarettes by tobacco company representatives. There is an urgent need to police more strictly the existing law banning advertisement and sponsorship of tobacco products and paraphernalia.
4. To maintain a current understanding of tobacco use and other key indicators among youth and to gauge trends in WHO FCTC and MPOWER uptake and implementation, this survey should be completed at least every four years.
5. A comprehensive health promotion strategy and effective and comprehensive tobacco cessation programs need to be formulated to prevent tobacco use and assist school personnel and the general community in quitting.
6. School rules and policies should be framed for the prevention and control of tobacco use.

References

1. World Health Organization. MPOWER: A policy package to reverse the tobacco epidemic. Geneva: World Health Organization; 2008.
2. Khuder SA, Dayal HH, Mutgi AB. Age at smoking onset and its effect on smoking cessation. *Addictive Behaviors*, 1999, 24(5):673–677.
3. D’Avanzo B, La Vecchia C, Negri E. Age at starting smoking and number of cigarettes smoked. *Annals of Epidemiology*, 1994, 4(6):455–459.
4. Chen J, Millar WJ. Age of smoking initiation: implications for quitting. *Health Reports*, 1998, 9(4):39–46.
5. Everett SA et al. Initiation of cigarette smoking and subsequent smoking behavior among U.S. high school students. *Preventive Medicine*, 1999, 29(5):327–333.
6. Breslau N, Peterson EL. Smoking cessation in young adults: age at initiation of cigarette smoking and other suspected influences. *American Journal of Public Health*, 1996, February, 86(2):214–220.
7. Sovinova H, Csemy L et al. Changes in Tobacco Use among 13 – 15 Year-Olds in the Czech Republic – 2002 and 2007. *Central European Journal of Public Health*, 2008, 16 (4): 199-204.
8. Sovinova H, Csemy L et al. Smoking-attributable mortality in the Czech Republic. *Journal of Public Health*, 2008, 16(1): 37-42.