

LATVIA 2011 COUNTRY REPORT
GLOBAL YOUTH TOBACCO SURVEY (GYTS)



CONTENTS

| | | | |
|----|------------------|--|----|
| 1. | Acknowledgements | 3 | |
| 2. | Summary | 4 | |
| 3. | Introduction | 5 | |
| | a. | Country Demographics | 5 |
| | b. | WHO Framework Convention on Tobacco Control and MPOWER | 5 |
| | c. | Purpose and Rationale | 6 |
| | d. | Current State of Policy | 8 |
| | e. | Other Tobacco Surveys | 8 |
| | f. | Country-Specific Objectives | 8 |
| 4. | Methods | 9 | |
| | a. | Sampling | 9 |
| | b. | Data Collection | 9 |
| | c. | Data Analysis | 9 |
| 5. | Results | 10 | |
| | a. | Prevalence | 10 |
| | b. | Knowledge and Attitudes | 11 |
| | c. | Access and Availability | 12 |
| | d. | Exposure to Secondhand Smoke | 13 |
| | e. | Cessation | 14 |
| | f. | Media and Advertising | 14 |
| | g. | School Curriculum | 15 |
| 6. | Discussion | 16 | |
| | a. | Summary of Results | 16 |
| | b. | Comparison to Previous Tobacco Surveys | 17 |
| | c. | Relevance to WHO FCTC/WHO MPOWER | 18 |
| | d. | Relevance to Country | 19 |
| | e. | Proposed Interventions/Further Studies | 20 |
| 7. | Recommendations | 21 | |
| 8. | References | 22 | |

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Summary

In 1998, the World Health Organization (WHO), the US Centers for Disease Control and Prevention (CDC) and the Canadian Public Health Association (CPHA) began the development of the Global Tobacco Surveillance System (GTSS) with the Global Youth Tobacco Survey (GYTS). It is a school-based survey that is targeted towards youth aged 13-15 years old. Latvia has joined GYTS in 2002. Since then three GYTS survey rounds have been completed in Latvia in 2002, 2007 and 2011.

Main findings of GYTS in Latvia

- Small gap in how much girls and boys use tobacco, and in the latest survey 2011, even more girls than boys use tobacco.
- More girls than boys that never smoked were more likely to start within the next year.
- Large number of youth that bought cigarettes in a store were not refused purchase because of age.
- High percentage of youth exposed to tobacco smoke in public places and at home.
- Large support among youth for banning smoking in public places.
- Slightly more than half of students reported learning about the harmful effects of smoking in school.
- Percentage of youth 13-15 years of age who tried their first cigarette before age 10 is alarmingly high.

Introduction

Tobacco is the only legal drug that kills many of its users when used exactly as intended by manufacturers. Tobacco use is the leading global cause of preventable death. WHO attributes nearly 5 million deaths a year to direct tobacco smoking. That figure is expected to rise to more than 8 million deaths a year by 2030.¹ Most people begin using tobacco before the age of 18.^{6,7,8,9}

Smoking is the most important cause of premature death and loss of health in developed countries. In countries, where smoking has been common, smoking is estimated to cause over 90% of lung cancer in men and about 70% of lung cancer among women. In addition, in these countries, the attributable fractions are 56-80% for chronic respiratory diseases and 22% for cardiovascular disease. Worldwide, it is estimated that tobacco causes almost 9% of all deaths.¹

In European region one half of all people who regularly smoke die from tobacco-related diseases, half in middle age and half in old age. Situation in Central and Eastern Europe countries is particularly urgent. Middle-aged men here are in two times higher risk of death from tobacco-related disease than men in Western Europe.¹

Tobacco smoking is also the biggest threat to health in Latvia. Smoking is responsible for 27% deaths for males in Latvia aged 30 and older (though for only about 4% of female deaths in that age group).¹⁴

Besides cigarette smoking, also other forms of tobacco significantly contribute on mortality and premature loss of health. According to available information, these forms become more and more familiar also in European region, representing potential public health problem.¹

However, negative impact of passive smoking should be kept into account, too. It is estimated, that in Europe annually die due to environmental tobacco smoke approximately 79,000 non smokers.¹¹ Moreover, beside direct biologic effect, smoking in the presence of youngsters significantly promotes social tolerance towards tobacco use in the community, and particularly strongly affects youngsters behavior increasing risk of their smoking in future.^{12,13}

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

Latvia is a Member State of the WHO European region and is considered a middle income country. Population size in 2011 was 2 074 605, urban population – 67.8%, rural- 32.2%, 45.7% males, 54.7% females.¹⁵

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. Latvia has signed FCTC in May 2004, ratified it by the Parliament in February 2005. FCTC has entered into force in Latvia in May 2005.

To help countries fulfill their WHO FCTC obligations, in 2008 WHO introduced MPOWER², 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 GYTS questionnaire was translated into Latvian and Russian languages 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.²

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

The prevalence of smoking has not changed in Latvia in the last years. In 2002 over half of men (56.2%) aged 20-64 smoked, compared with about a one-fifth of women in the same age group. Latvian men have the highest prevalence of current smoking in the entire EU, with rates significantly higher than the average for both the EU15 (35.5%) and the EU10 (42.7%), whereas Latvian women have lower rates than the EU15 and EU10 averages. As a consequence, in 2002, tobacco-attributable mortality rates were very high for men in Latvia, outnumbering the women's mortality rate by a factor of about 15 for those aged 65 years and older and by a factor of almost 30 for those aged 45-64 years. Latvian men had the highest tobacco-attributable

death rate of all EU countries for young and middle aged adults (35-64 years) but ranked much lower for men aged 65 years and older, even dropping below the EU10 average. In 2002 in contrast, women aged 35-64 years in Latvia had among the lowest tobacco-attributable mortality, ranking below most EU15 countries. A similar contrast is seen in lung cancer mortality in young and middle aged men and women; in men, it is among one of the highest in the EU and for women, along with Lithuania, the lowest in the EU.³

The rates of smoking have stayed comparatively stable in over the last 5 years among adult population. In contrast the smoking rates have grown among teenage girls. The underlying reasons for such growth are largely unknown.

Current State of Policy

Currently, in Latvia, there is tobacco control policy in place. There are specific policies that are stated in the Law on Restrictions Regarding Sale, Advertising and Use of Tobacco Products which states measures of tobacco control, limits environmental tobacco smoke [public smoking bans], limits sale of tobacco to certain age groups, states regulations regarding packaging and labeling of tobacco products, states preventing pro-tobacco marketing, etc).

Other Tobacco Surveys

The GYTS has previously been conducted in Latvia in 2002 and 2007. In addition to the GYTS, the following surveys have been run in Latvia among young people: ESPAD (European School Survey on Alcohol and other Drugs in 1995, 1999, 2003, 2007 and 2011 and HBSC (Health Behavior Survey of School Aged Children) in 1991, 1994, 1998, 2002, 2006 and 2010 which investigate also tobacco smoking prevalence among young people.^{4,5}

Country Specific Objectives

Specific objectives using baseline GYTS Data as a starting point.

1. Reduce current tobacco use in Latvia in students in grades 7 - 9 from 40.5% in 2011 to 35% in 2015.
2. Reduce current cigarette use in Latvia in students in grades 7 - 9 from 31.5% in 2011 to 25% in 2015.
3. Increase tobacco use cessation attempts in Latvia in students in grades 7 - 9 from 64.5% in 2011 to 75% in 2015.

Methods

Sampling

The 2011 year Latvia GYTS is a school-based survey, which employed a two-stage cluster sample design to produce a national representative sample of students in grades 7-9. The first-stage sampling frame consisted of all schools containing grades 7-9. From sampling frame were excluded schools for children with special needs and schools which had less than 40 students in target grades. 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 50 schools and 215 classrooms. 3835 students participated in the GYTS. The grades that were sampled for the 2011 GYTS were 7, 8 and 9.

A weighting factor was applied to each student record to adjust for non response and for the varying probabilities of selection. For the 2011 Latvia GYTS, 3835 questionnaires were completed in 50 schools. A total of 3835 students participated in the 2011 Latvia GYTS of which 3130 were ages 13 to 15 years (Male: 1500, Female: 1618). The school response rate was 100%, and the student response rate was 82.9%. The overall response rate was 82.2%. 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 January 2011 to March 2011, and was supported by 17 field staff.

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 81 multiple-choice questions. The survey included 63 questions from the core questions and 18 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, LATVIA, 2011

| Category | Ever smoked cigarettes % (95% CI) | Ever smokers who first tried smoking at less than 10 years of age % (95% CI) | Current Any Tobacco Users % (95% CI) | Current Cigarette Smokers % (95% CI) | Current Other Tobacco Users % (95% CI) |
|----------|---|--|---|---|---|
| Total | 76.2 (72.1 – 79.9) | 27.4 (23.9 – 31.2) | 40.5 (36.5 – 44.6) | 31.5 (27.6 – 35.6) | 27.3 (23.8 – 31.1) |
| Male | 76.5 (71.3 – 81.1) | 32.2 (27.7 – 37.0) | 39.4 (34.2 – 44.7) | 29.2 (24.0 – 35.1) | 28.0 (24.0 – 32.4) |
| Female | 76.7 (71.6 – 79.3) | 22.4 (18.2 – 27.2) | 41.4 (36.8 – 46.2) | 33.8 (29.7 – 38.2) | 26.3 (21.9 – 31.3) |

| Category | Current Cigars/Mini Cigars/Cigarillos Smokers % (95% CI) | Current Shisha Smokers % (95% CI) | Current Electronic Cigarette Smokers % (95% CI) | Never Smokers Susceptible to Start Smoking in the Next Year % (95% CI) |
|----------|--|--|--|---|
| Total | 9.9 (8.7 – 11.1) | 21.5 (18.0 – 25.4) | 9.1 (7.0 – 11.7) | 24.1 (20.1 – 28.1) |
| Male | 11.6 (9.5 – 14.1) | 20.9 (17.1 – 23.3) | 10.3 (7.5 – 14.0) | 19.6 (14.4 – 26.01) |
| Female | 7.8 (6.2 – 9.9) | 21.9 (17.9 – 26.5) | 7.7 (6.0 – 9.9) | 28.7 (24.1 – 33.8) |

In Latvia, 76.2% of students reported ever using tobacco. 27.4% of ever smokers first tried smoking at less than 10 years of age. Overall, 40.5 % reported current tobacco use (at least once in the last 30 days), 31.5% reported currently smoking cigarettes, and 27.3% reported using tobacco other than cigarettes within the previous 30 days.

Overall, 9.9% of students reported current cigars, mini cigars or cigarillos use, 21.5% reported current shisha use. As a new phenomena current electronic cigarette use was reported overall by 9.1% of students. In addition, 24.1% of never smokers 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 | 24.9 (22.7 – 27.2) | 19.2 (17.3 – 21.3) | 8.1 (7.0 – 9.4) | 4.5 (3.5 – 5.7) |
| Male | 24.8 (22.3 – 27.5) | 18.6 (16.0 – 21.6) | 9.1 (7.9 – 10.4) | 5.0 (3.6 – 6.9) |
| Female | 25.0 (21.9 – 28.4) | 19.7 (17.2 – 22.5) | 6.9 (5.4 – 8.8) | 3.9 (2.9 – 5.1) |

24.9 % of students reported that they think that boys who smoke have more friends and 19.2% think girls who smoke have more friends. 8.1 % think boys and 4.5% think girls who smoke are more attractive.

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

Table 3

| Category | Percent of current smokers who usually smoke at home % (95% CI) | 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 | 9.2 (6.7 – 12.4) | 30.7 (26.2 – 35.6) | 70.4 (64.3 – 75.9) |
| Male | 12.5 (8.7 – 17.6) | 31.5 (25.3 – 38.4) | 70.9 (61.8 – 78.6) |
| Female | 6.0 (3.4 – 10.3) | 29.8 (24.1 – 36.3) | 69.6 (59.7 – 77.9) |

Of current smokers, 9.2% usually smoke at home, 30.7% buy cigarettes in a store, and 70.4 % 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 enclosed public places % (95% CI) | Percent who are around others who smoke in outdoor public places % (95% CI) |
|----------|---|--|---|
| Total | 44.6 (42.3 – 47.0) | 47.0 (44.6 – 49.4) | 66.9 (64.3 – 69.5) |
| Male | 43.6 (40.5 – 46.9) | 44.9 (40.6 – 49.2) | 61.8 (58.6 – 65.0) |
| Female | 45.5 (42.6 – 48.3) | 49.3 (46.5 – 52.2) | 72.4 (68.7 – 75.9) |

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 | 61.8 (59.5 – 64.1) | 51.4 (49.3 – 53.5) | 27.1 (24.3 – 30.1) |
| Male | 60.8 (57.8 – 64.4) | 49.9 (47.1 – 52.6) | 26.3 (22.8 – 30.1) |
| Female | 63.0 (60.4 – 65.6) | 53.2 (49.9 – 56.5) | 27.9 (24.3 – 31.8) |

Of the students that participated in the survey, 44.6% live in homes where others smoke, and 47.0% are around others who smoke in enclosed public places, and 66.9% are around others who smoke in outdoor public places (Table 4). 61.8% think smoke from others is harmful to them. In their personal lives, 51.4% of students reported they have one or more parents who smoke, and 27.1% report having most or all friends who smoke (Table 5).

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

Table 6

| 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 | 65.5 (60.6 – 70.1) | 64.5 (59.0 – 69.7) | 60.0 (55.1 – 64.8) |
| Male | 68.5 (61.5 – 74.8) | 64.3 (56.1 – 71.8) | 63.0 (56.9 – 68.6) |
| Female | 62.9 (56.2 – 69.3) | 64.9 (57.9 – 71.3) | 57.9 (51.1 – 64.4) |

Of current smokers, 65.5% reported that they want to stop smoking, and 64.5 % tried to stop smoking within the past year. Regarding cessation attempts, 60.0% 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 have an object with a cigarette brand logo % (95% CI) | Percent who were offered free cigarettes by a tobacco company representative % (95% CI) |
|----------|---|---|
| Total | 19.1 (17.3 – 21.0) | 7.1 (6.1 – 8.3) |
| Male | 20.3 (18.4 – 22.5) | 9.2 (8.0 – 10.6) |
| Female | 17.8 (14.3 – 21.9) | 4.8 (3.6 – 6.4) |

Up to 19.1% reported that they have an object with a cigarette brand logo, and 7.1% have been offered free cigarettes by a tobacco country representative.

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

Table 8

| 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) | Percent who had been taught in class during the past year the effects of smoking % (95% CI) |
|----------|---|---|---|
| Total | 60.9 (55.9 – 65.6) | 50.7 (46.4 – 55.1) | 55.0 (50.6 – 59.4) |
| Male | 62.4 (56.7 – 67.7) | 50.4 (45.5 – 55.4) | 55.9 (50.7 – 61.0) |
| Female | 59.5 (54.1 – 64.6) | 51.1 (46.5 – 55.7) | 54.2 (49.4 – 58.9) |

In the past year, 60.9% had been taught in class about the dangers of smoking, 50.7% had discussed in class why people their age smoke, and 55.0% had been taught in class about the effects of smoking.

Discussion

Prevalence, Cessation, and Addiction

In Latvia 40.5 % reporting current use of any tobacco product and 31.5% reporting that they currently smoke cigarettes. Despite 64.5% of youths reporting that they had tried, unsuccessfully, to quit smoking in the last year, 24.1% indicated that they were susceptible to begin smoking within the next year.

Gender Differences

No statistically significant gender differences were found in tobacco use prevalence, susceptibility to initiate smoking, exposure to secondhand smoke, knowledge and attitudes towards smoking. The only exception was the initiation of smoking before age ten years, where the prevalence is significantly higher among boys.

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^{6,7,8,9}. 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 Latvia, only 60.9 % of youths surveyed had been taught in class during the past year about the dangers of smoking. Even less only 50.7% had discussed in class during the past year reasons why people their age smoke. 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 Latvia, few nationwide programs have been initiated to raise awareness on the dangers of tobacco smoking. Of these, only one 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 seeing actors smoking when watching TV, videos, movies or owning an item with cigarette brand logo. In Latvia 92.3% of youths reported seeing actors smoking when watching TV, videos, movies. 19.1% have an object like t-shirt, pen, backpack etc with a cigarette brand logo. 7.1% of youngsters were offered free cigarettes by a tobacco company representative.

Regulations in Country to Control Tobacco Use in Youths

In Latvia, the following law is in place to control tobacco use in youths: the Law on Restrictions Regarding Sale, Advertising and Use of Tobacco Products which bans sale and use of tobacco products to youth (persons under age of eighteen).

Despite having law 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, 30.7 % indicated that they were able to buy their cigarettes in a store and 70.4% of current smokers who bought cigarettes in a store indicated that they had not been refused due to their age in the last 30 days.

Secondhand Smoke

In Latvia, the following law is in place to regulate environmental tobacco smoke: the Law on Restrictions Regarding Sale, Advertising and Use of Tobacco Products.

The results of this survey showed that only 61.8 % of youths surveyed believed that secondhand smoke could be harmful to them, and only 57.5% 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.¹¹

Comparison to Previous Tobacco Surveys

In Latvia the GYTS has previously been conducted in Latvia in 2002 and 2007.

Direct comparison due to some methodological issues could be done with GYTS 2007 data.

- Slight decreases in prevalence of tobacco use and cigarette smoking in youths from previous survey.
- But there are increasing rates of tobacco use in girls from previous survey. Data are supported by other youth surveys in Latvia ESPAD 2011³ and HBSC 2010⁴.
- Also susceptibility among never-smoking girls to initiate smoking next year has increased significantly.
- Use of tobacco products other than cigarettes is still high (shisha).
- New phenomena of electronic cigarette use has appeared since last survey.
- Exposure to second hand smoke has decreased both at home and in public places.

Relevance to FCTC

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

Latvia'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 Latvia'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.

GYTS data within the context of the MPOWER elements.

- **Protect people from tobacco smoke**
The GYTS data show that 47.0% of students are around others who smoke outside their home in enclosed public places, 66.9% are around others who smoke outside their home in open public places and 44.6% live in homes where others smoke in their presence.
- **Offer help to quit tobacco use**
Results from GYTS show that students who currently smoke are interested in quitting. Of students who currently smoke:
 - 65.5% want to stop smoking.
 - 64.5% tried to stop smoking in the past year.
 - 60.0% have ever received help to stop smoking.
- **Warn about the dangers of tobacco**
During the past year, 60.9% of students had been taught in class about the dangers of smoking and 55.0% had been taught in class about the effects of tobacco use. The GYTS data also show that during the past year, 51.1% of students had discussed in class reasons why people their age smoke.
- **Enforce bans on tobacco advertising, promotion, and sponsorship**
The GYTS data show 19.1% of students have an object with a cigarette brand logo and 7.1% 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

The findings from the GYTS are specifically applicable in Latvia.

- Many youths report wanting to quit smoking in Latvia, but teachers are not sufficiently trained to prevent tobacco use among their students.
- Susceptibility to begin smoking in the next year is high among both boys and especially girls, but the regulations limiting use of tobacco on school-grounds are not sufficiently enforced.
- 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, very limited levels of tobacco-related issues are currently discussed in the formal school curriculum.
- Country adolescents are faced with the double burden of cigarette use and the use of other forms of tobacco products such as shisha, chewing tobacco, snuff, electronic cigarettes etc. Despite the existence of a lot of information on tobacco control, a significant information gap exists on the effectiveness of tobacco control measures in Latvia.
- Students in Latvia are still reporting being exposed to pro-smoking campaigns (owning things with tobacco logo, being offered free samples of cigarettes). It is important to control this exposure.

Proposed Interventions/Further Studies

There are interventions that would aid with the control and prevention of tobacco use. Some further studies are suggested as a result of the data gathered from the GYTS

- Further study into why youths report a significantly higher rate of use of shisha and electronic cigarettes, and in particular female youths, is suggested to understand those alarming new trends.
- Due to the fact that children are likely to start smoking if they grow up in an environment where tobacco advertising is prolific, 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, and where smoking is unrestricted in open public places, 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 or known to the public.
- Awareness campaigns on the dangers of cigarette smoking and tobacco products need to be intensified. Most school based anti-smoking campaigns are done on the World-No-Tobacco Day but there is need for regular education on the dangers of tobacco. Also, anti-smoking campaigns should not just target people with access to television and radio, but should also be targeted for those without access. 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, particularly in areas where the harms of tobacco use are not widely known. 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

Based on the most pressing GYTS findings several interventions could be proposed and recommended further studies.

- A significant number of students were exposed to tobacco smoke at home and public places and 61.8% of students definitely think smoke from others is harmful to them. Smoking in public places should be banned. There is a need to pass laws that ban tobacco smoking in all public places or, in places which already included in the law, to effectively enforce this law.
- 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.
- Many youth were exposed to pro-cigarette advertising and were provided free cigarettes by tobacco company representatives. There is an urgent need to police more strictly the existing law banning all forms of advertisement of tobacco products and paraphernalia in Latvia.
- 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.
- 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.
- School rules and policies should be framed for the prevention and control of tobacco use.
- The new form of using nicotine products by youth – electronic cigarettes should be more detailed investigated and restrictions for use by youngster properly included in legislation.

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