

MONTENEGRO 2018 COUNTRY REPORT GLOBAL YOUTH TOBACCO SURVEY (GYTS)



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Podgorica, 2019

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(GYTS)**

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FOREWORD

The use of tobacco products is a significant public health problem that causes a large number of diseases and deaths of population worldwide. Tobacco smoke affects all organs and organ systems, causing adverse effects that are associated with length and intensity of use of tobacco products (1). Tobacco smoke does not have affect negatively only the health of active smokers, but it also affects the health of passive smokers, who unwillingly inhale it. Children and young people are significantly affected by secondhand smoke (2). Consumption of tobacco products and exposure to tobacco smoke is in direct correlation with frequency of cardiovascular and malignant diseases, as well as other diseases (3).

Although significant progress has been made in reducing prevalence of tobacco use at global level, tobacco smoke remains one of the main causes of illness and premature death of the population (4).

In tobacco control, it is very important to inform adequately and competently total population about the effects of tobacco smoke on health. Knowing all health risks that are conditioned by use of tobacco products can influence smokers to make a decision and motivate them to engage in a smoking quitting process (5,6).

Implementation of the Law on protection from exposure to tobacco smoke in indoor public places, workplaces and public transport is defined by the WHO Framework Convention on Tobacco Control (FCTC), which represents a global response to protection of the population from harmful effects of tobacco smoke. In Montenegro, first the Law on protection from exposure to tobacco smoke in indoor public places, workplaces and public transport was defined in 2004th, and the amendments were adopted in 2011. Last year, the new Law was defined and currently is on harmonization with EU directives.

The process of defining the new Law was initiated by situation in the domain of distribution of tobacco use among young people (GYTS), which is being realized in Montenegro for the fifth time, as well as Research on the quality of life, lifestyles and health risks of the inhabitants of Montenegro, that indicated on high prevalence of tobacco use in total population (7).

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Appreciation is referred to all who were involved in realization of GYTS, and primarily to Boban Mugoša MD, PhD, overseen implementation of research from aspect of director of the Institute of public health of Montenegro and showed good will for realization of research. Also, we appreciate to all interviewers in field, to all managers of schools where research was conducted, as well as to all students who participated in research.

The research was coordinated by Agima Ljaljević, MD, PhD, who conducted all research on tobacco consumption among young people in Montenegro.

This report is based on the 2018 Global Youth Tobacco Survey findings in Montenegro and has been prepared by Agima Ljaljević, National coordinator of Tobacco Control and Head of the Center of Health Promotion at the Institute of Public Health of Montenegro and GYTS Research Coordinator and MSC Ena Grbović, social worker in Center for health promotion.

SUMMARY

The World Health Organization (WHO), the US Centers for Disease Control and Prevention (CDC) and the Canadian Public Health Association (CPHA) began to develop the Global Tobacco Surveillance System (GTSS) and the Global Youth Tobacco Survey (GYTS) in 1998, as a school-based survey targeted towards youth aged 13-15. Montenegro joined GYTS research in 2003, and participated in research conducted in 2004, 2008, 2014 and 2018. The findings presented in this report refer to the GYTS conducted in 2018.

Results: Research showed that 9.9% of students (11.6% boys and 8.1% of girls) are current users of tobacco products. Among users, 6.0% of students (6.7% boys and 5.3% girls) are currently cigarettes users, and 2.2% of students (2.8% boys and 1.7% girls) currently use smokeless tobacco.

More than 5 of 10 current tobacco smoking students tried to stop smoking in the past 12 months, and almost 4 of 10 want to quit smoking now.

Almost half of students (49.0%) are exposed to the tobacco smoke in their own home, while 57.5% are exposed inside enclosed public places. More than 8 in 10 students (82.2%) are in favor to prohibit smoking inside enclosed public places.

Almost two-thirds of students who use tobacco products bought them in stores or kiosk or from a street vendor, and 79.2% of them report that they have never had a problem to buy cigarettes because of their age.

More than half of students (55.3%) said they saw an anti-tobacco advertisement in media. At the same time, one in two students (47.7%) have noticed promotion of tobacco products at points of sale. Also, almost one in ten students (9,9%) stated that they own something with a tobacco brand logo on it.

Only 60.3% of students think that secondhand smoke is harmful to their health.

Conclusions: Although use of tobacco products among young people aged 13 - 15 has been reduced compared to the previous year, exposure to second hand smoking at home and inside enclosed public places is very high. Students do not have information and knowledge regarding negative effects of tobacco smoke on their health, so it is necessary to improve educational programs in schools and design target specific informational campaigns. It is also important to provide competent information to the general population as high impact public educational campaigns are effective at reducing the number of youth who initiate smoking and reducing overall tobacco use.

1. INTRODUCTION

1.1. Epidemiological data

Global tobacco epidemic killing more than 7 million people each year, of which nearly 900,000 are non-smokers, who die due to exposure to tobacco smoke (of which 6% are women, and 12% are men). (8). About 80% of smokers are from under developing and developing countries. The highest reported prevalence of tobacco smoking was in the European region. In Montenegro, the number of tobacco users is increasing, according to the results of last survey “Research on the quality of life, lifestyles and health risks of the inhabitants of Montenegro”. Especially there is an increasing number of smoking among women and young people.

Research shows that tobacco consumption starts in the period before the age of 15. Globally, the estimated number of boys and girls aged 13-15 who smoke cigarettes or use tobacco products is approximately 25 million (9). GYTS provide the data on tobacco use among adolescents to monitor and evaluate implementation of tobacco prevention and control policies. This research is conducted at students aged 13 to 15, through an anonymous survey in a large number of countries.

Research in Montenegro was conducted by the Institute of Public Health of Montenegro - Center for Health Promotion, and the results will be widely disseminated and used for the adoption of effective law measures for prevention and reduction of tobacco consumption as well as exposure to tobacco smoke.

1.2. Country Demographics

Montenegro is a Member State of the European Region and is considered as upper middle-income country. In mid of 2017th in Montenegro were 622,373 inhabitants with a population density of 125 per square mile. Expected life expectancy in 2016 was 76.6 years (74.1 for men and 79.4 for women). The birth rate in 2017 was 11.9, while mortality was 10.5. Number of children (0 to 17 years) in Montenegro in mid of 2017 was 137 419 or 22.1% of total population. In Montenegro children in elementary school constitute

13.2%, and secondary school (age from 15-19), 7.1% of the total population. Population aged 0-19 is 19,2% of population of Montenegro.

In Montenegro, based on natural increase per 1,000 inhabitants, number of inhabitants is increased by 1.4 per year (10).

1.3. WHO Framework Convention on Tobacco Control and MPOWER

The WHO Framework Convention on Tobacco Control (FCTC) opened for signature on 16 June to 22 June 2003 in Geneva, and after that at the United Nations Headquarters in New York, the Depositary of the treaty, from 30 June 2003 to 29 June 2004. According to WHO, the FCTC has so far been signed by 180 countries, but by some not yet ratified. Montenegro signed the FCTC in union with Serbia in 2005, but after independence in 2006, re-ratified this Convention, as the only internationally recognized document regulating tobacco control.

To help countries to fulfil their WHO FCTC obligations, in 2008 WHO introduced MPOWER (11) – a set of cost-effective measures that help countries reduce tobacco use and covers: M - Monitor tobacco use and prevention policies, P Protect people from tobacco smoke, O - Offer help to quit tobacco use, W - Warn about the dangers of tobacco, E - Enforce bans on tobacco advertising, promotion and sponsorship and R - Raise taxes on tobacco (12). Countries that implemented MPOWER during 2007-2014. reduced incidence of smoking in adults by 7.26% and cigarette consumption by 13.80% (13)

The GYTS supports MPOWER. GYTS is an international study to increase understanding about and assess students' attitudes, knowledge and behaviors related to tobacco use and its health impact, including cessation, environmental tobacco smoke, media and advertising, minors' access and school curriculum. The GYTS provides a mechanism by which countries can monitor tobacco use among youth aged 13-15 and guide the implementation and evaluation of tobacco prevention and control programs

1.4. Purpose and Rationale

The main goal of participating in GYTS research is to determine level of tobacco use among youth, to monitor implementation of existing tobacco control policies and to propose higher impact measures. Besides that, purpose is to create and implement preventive programs and adequate treatment methods to prevent complications. Also, purpose of GYTS is related to the fact that smoking is the main risk factor for illness and dying of population of Montenegro. The leading cause of death in population in Montenegro are cardiovascular diseases and cancers that are related to tobacco use.

All research that is conducted to determine prevalence of tobacco use has indicated need for continuous monitoring and evaluation. The quality of prescribed tobacco control measures is directly related to monitoring of spread of smoking diseases among population and adjustment with characteristics of members among whom is the phenomenon most present.

1.5. Other Tobacco Surveys

In 2012, LSMS results showed that smoking prevalence in adult population was 31% (higher among men than women). More than one-fifth of adults (22%) smoked daily and there were also more men than women. Smokers were mostly aged 35-64. In LSMS study, the majority of young people aged 15-19 did not consume cigarettes, and 89% said that they never smoked cigarettes. Total prevalence of smoking among young people of this age was 7.3%. In 2012, percentage of young people who smoked 20 and more cigarettes per day was 1.5% (14).

Research on the quality of life, lifestyles and health risks of the inhabitants of Montenegro indicates on high prevalence because more than one third (35.4%) of adults (aged 15 to 64) reported that they active smoke. Also, data show that 17.1% of population smoked at some point in their life and later quit smoking, while 47.6% of respondents reported smoking abstinence throughout their lives. Most adult smokers are in group age between 45 and 54, in which prevalence is 45%. In subpopulation of young adults (age 15 to 34), every fourth (25.5%) reported active smoking, 13% quit smoking, while most of respondents in this subpopulation never smoked (61.4%). Almost one of five young people aged between 15 and 24 actively smoke (18.7%), while 71% of respondents in this subpopulation never smoked. In this population

group, there are 1% more women than men consuming tobacco products (7). The above-mentioned data indicate need for continuous monitoring of tobacco use products in all population groups, especially among young people.

The most comprehensive, internationally comparable data as well as trends of use of psychoactive substances - tobacco, alcohol and illegal drugs in young people aged under 16 - provided three rounds of the ESPAD Survey (European School Survey Project on Alcohol and Other Drugs) conducted by the Institute of Public Health of Montenegro. According to ESPAD results from 2015, 34% of 16-year old students had tried smoking at least once in their life and 15% had used cigarettes during the last 30 days (15).

1.6. Current State of Policy

In Montenegro defining the Law on Restriction of the Usage of Tobacco Products started 2004, but so far, laws have not been implemented in practice consistently. At this moment, the new Law on harmonization with EU directives and it is followed with new scientific and scientific knowledge. It is expected to be adopted in second half of 2019th.

In Montenegro since 2009 has been implemented Program on smoking cessation for youth by the Centers for prevention in all Health care centres. Smoking cessation program is being implemented by specially trained doctors (pediatricians) in cooperation with team that is responsible for program implementation. Number of groups involved in smoking cessation program in 2018 was 218, number of young was 4171, and there were 117 of individual treatments (16).

The proposal of new Law on restriction on tobacco use has aim to reduce prevalence of tobacco users. The new Law relies on previous and, but will be more consistent in area of monitoring and implementation in practice. The new proposal defines limitation, i.e. ban on use of tobacco products in all work and public places. Smoking in working and public areas is prohibited as well as exposure of other persons to secondary tobacco smoke, which includes healthcare and educational facilities and catering facilities, in accordance with the Law. Smoking of tobacco products is forbidden during media appearances. It is forbidden to publish photos or artworks of people who smoke in print media. Smoking in public and/or working areas is permitted only in room designated for smoking that is marked with label that smoking is allowed

only in that room. In public space from Article 17, paragraph 2, item 3 of the Law, smoking in rooms and apartments for the accommodation is permitted when there is a label that smoking is allowed in these rooms and apartments. In public and work areas where smoking is prohibited in accordance with this law, the owners must highlight a label on ban smoking.

For the first time, the new Law regulates ingredients of tobacco products, ban on cross-border sale of tobacco products, manufacture and sale of electronic cigarettes, and receptacles the refilling of electronic cigarettes and new tobacco products (new tobacco product is tobacco product which does not belong to any of following categories: cigarettes, self-propelled tobacco, tobacco for pipe, tobacco for water pipe, cigarillos, chewing tobacco, sniff tobacco, or tobacco for oral use which is placed on market after May 19, 2014). The new Law proposes check of emission of harmful substances from accredited laboratories that are in compliance with precisely defined ISO standards and which are authorized by the Ministry of Health for that activity.

The new Law prohibits production and marketing of tobacco products for smoking which are add additives with characteristic aroma and aromatic substances that give smell or taste, as well as production and traffic of tobacco smoking products with flavorings or some technical features that allow change of odor or taste of tobacco product or intensity of tobacco smoke. Also, there is an explicit prohibition of production and marketing of tobacco products containing vitamins and other additives that create an illusion that tobacco product contribute to health, caffeine or taurine or other additives or stimulants which are energy-related, additives that emit/release dyed substances during smoking and have CMR performance (cancer-causing mutagenic) in unburning form.

1.7. Country Specific Objectives

Specific objectives using baseline GYTS data as a starting point:

- Reduction of use of cigarettes (permanent and occasional, as well as experimenting with tobacco products) among students of eighth and ninth grades of primary school and first year of high school at values below 5%.
- Reduction of use of smokeless tobacco products among boys in eighth and ninth grades of primary and first year of high school at values below 1%.

2. METHODOLOGY

2.1. Preparation for research

To conduct this research, it was necessary to obtain list of schools and consent from the Ministry of health and the Ministry of education, as well as all schools. The consent was also received from Ethical Committee. A parent's permission was requested. After that, questionnaire was prepared and translated into English, Montenegrin and Albanian. After harmonization and obtaining consent of CDC questionnaires was printed in number that was necessary for the research. The education of interviewers was done.

2.2 Questionnaire

The GYTS questionnaire contained 64 multiple-choice questions. The final questionnaire was translated into the Montenegrin language and back-translated into English to check for accuracy. The questionnaire was also translated into the Albanian language meant for students who were Albanian. The questionnaire is provided in **Appendix A**.

2.3. Sampling

For sampling research, list of all schools that have eight and ninth grade of elementary and first grade of secondary schools was sent to CDC. From base, 50 schools from Montenegro were selected, 25 primary and 25 secondary schools. A total of 4,216 respondents from eighth and ninth grade of elementary and first grade of secondary school participated in research. The total response rate was 92.6%. All 50 selected schools participated, so response rate was 100%. All classes from selected schools (184) were included. The total participation rate was $100.0\% * 100.0\% * 92.6\% = 92.6\%$ (Table 1.)

2.4. Sampling Design

All schools that have eight and ninth grades of elementary schools and first grade of secondary schools with 40 or more students were included in sampling frame. The design of a two-stage cluster of samples were used for

representative sample. Schools are selected with a probability of proportional enrollment size in school.

The second sampling phase consisted of systematic sampling of same probability (with a random start) of classes from each school that participated in research. All classes in selected schools were included in sampling frame. All students in selected classes had right to participate in research.

Total 50 schools participated in research, 184 classes with total of 4555 students were selected, of which 4216 (92.6%) of total number of planned students participated (Table 1).

Table 1: Sample sizes and response rates, by region (unweighted) – GYTS Montenegro, 2018

School Level Number of Sampled Schools	Level of education		
	Elementary	Secondary	Total
School Level			
Number of Sampled Schools	25	25	50
Number of Participating Schools	25	25	50
School Response Rate (%)	100	100	100
Class Level			
Number of Sampled Classes	93	91	184
Number of Participating Classes	93	91	184
Class Response Rate (%)	100	100	100
Student Level			
Number of Sampled Students	2,283	2,272	4,555
Number of Participating Students	2,115	2,101	4,216
Student Response Rate (%)	92.6%	92.5%	92.6%
Overall Response Rate (%) ¹	92.6%	92.5%	92.6%

¹Overall Response Rate = School Response Rate X Class Response Rate X Student Response Rate

2.5. Data collection

The fieldwork was carried out from September to October 2018. The survey was conducted by eight educated interviewers from the Institute of Public Health of Montenegro, who realized all previous GYTS. Survey procedures were designed to protect the students' privacy by allowing anonymous

and voluntary participation. Students filled the questionnaire directly into specially created forms after educator explained purpose and processes of research, and also they could consult interviewer at any time. All students had their questionnaires, patterns and pencils.

2.6. Data Analysis

The data were processed in the CDC Statistical Center and delivered to the Institute of Public Health of Montenegro in tables. After that, the research coordinator with her team analyzed obtained data. Frequency tables for each survey question were developed which show the number of cases, percentage, and the 95% confidence interval. Preferred tables were 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.

3. RESULTS

The survey included 4,216 students aged 13- 15, from eighth and ninth year of primary and first year of secondary school.

3.1. Tobacco Use

In Montenegro, according to the data from GYTS, 8.7% of students reported that they are current tobacco smokers (more boys than girls). Overall, 6.0% of students reported that they are current cigarette smokers; 1.8% of students are frequent cigarette smokers. Almost one-third of students (27.8%) ever smoked tobacco. Total 4.5% of students are current smokers of other tobacco products. About 2.2% currently use smokeless tobacco. Almost seventh student (14.9%) think that they might start smoking at any time in the future, while 5.9% from total number of students think that they could enjoy smoking cigarette (Table 2).

Table 2: Detailed tobacco use status among students 13-15 years old, by gender – GYTS Montenegro, 2018.

	Overall	Boys	Girls
	Percentage (95% CI)		
Smoked Tobacco			
Current tobacco smokers ¹	8.7 (7.2 - 10.4)	10.3 (8.1 13.0)	7.0 (5.7 - 8.6)
Current cigarette smokers ²	6.0 (5.0 - 7.3)	6.7 (5.3 - 8.5)	5.3 (4.0 - 7.0)
Frequent cigarette smokers ³	1.8 (1.4 - 2.3)	2.7 (1.9 -3.8)	0.9 (0.5 - 1.5)
Current smokers of other tobacco ⁴	4.5 (3.5 - 5.7)	5.9 (4.2 - 8.2)	3.0 (2.3 - 3.8)
Ever tobacco smokers ⁵	27.8 (24.8 - 31.0)	29.3 (25.1 34.0)	26.1 (22.8 29.7)
Ever cigarette smokers ⁶	24.2 (21.3-27.4)	25.5 (21.7 - 29.7)	22.8 (19.5 - 26.5)
Ever smokers of other tobacco ⁷	10.8 (9.3 -12.4)	12.4 (9.9 15.4)	9.0 (7.9 - 10.2)
Smokeless Tobacco			
Current smokeless tobacco users ⁸	2.2 (1.8 - 2.8)	2.8 (2.0 - 3.7)	1.7 (1.1 - 2.5)
Ever smokeless tobacco users ⁹	4.7 (3.9 - 5.7)	5.6 (4.4 - 7.1)	3.8 (2.9 - 5.1)
Tobacco Use			
Current tobacco users ¹⁰	9.9 (8.3 - 11.7)	11.6 (9.2 14.4)	8.1 (6.5 - 10.1)
Ever tobacco users ¹¹	29.7 (26.7 - 33.0)	31.2 (26.8 36.1)	28.1 (24.8 - 31.7)
Susceptibility to Tobacco Use			

Susceptibility to Tobacco Use			
Never tobacco users susceptible to tobacco use in the future ¹²	14.9 (12.9 - 17.2)	15.2 (12.3 - 18.8)	14.6 (12.9 - 16.6)
Never smokers who thought they might enjoy smoking a cigarette ¹³	5.9 (5.0 - 6.9)	7.2 (5.9 - 8.6)	4.7 (3.8-5.9)

¹ Smoked tobacco anytime during the past 30 days. ² Smoked cigarettes anytime during the past 30 days. ³ Smoked cigarettes on 20 or more days of the past 30 days. ⁴ Smoked tobacco other than cigarettes anytime during the past 30 days. ⁵ Ever smoked any tobacco, even one or two puffs. ⁶ Ever smoked cigarettes, even one or two puffs. ⁷ Ever smoked tobacco other than cigarettes, even one or two puffs. ⁸ Used smokeless tobacco anytime during the past 30 days. ⁹ Ever used smokeless tobacco. ¹⁰ Smoked tobacco and/or used smokeless tobacco anytime during the past 30 days. ¹¹ Ever smoked tobacco and/or use smokeless tobacco. ¹² Susceptible to future tobacco use include those who answered “Definitely yes”, “Probably yes”, or “Probably not” to using tobacco if one of their best friends offered it to them or those who answered “Definitely yes”, “Probably yes”, or “Probably not” to using tobacco during the next 12 months. ¹³ Those who answered “Agree” or “Strongly agree” to the statement: “I think I might enjoy smoking a cigarette”.

More than a quarter of students - smokers (26.3%), consume between 2 and 5 cigarettes during a day, similar proportion consume less than one cigarette (24.6%) per day, and one cigarette per day consume 20.1% of students. Between 11 and 20 cigarettes per day consumes 6% of students (Table 3).

Table 3: Cigarettes smoked per day among current cigarette smokers 13-15 years old, by gender– GYTS Montenegro, 2018.

Number of cigarettes usually smoked ¹	Overall	Boys	Girls
	Percentage (95% CI)		
Less than 1 per day	24.6 (19.2 - 31.0)	21.6 (14.5 - 30.9)	28.6 (21.2 - 37.4)
1 per day	20.1 (14.7 - 26.9)	14.5 (8.7 - 23.0)	27.4 (19.9 - 36.4)
2 to 5 per day	26.3 (20.5 - 33.1)	25.9 (17.6 - 36.5)	27.2 (20.3 - 35.4)
6 to 10 per day	13.5 (9.4 - 19.1)	15.6 (10.6 - 22.4)	11.2 (6.8 - 18.0)
11 to 20 per day	6.0 (3.3 - 10.9)	8.8 (4.2 - 17.5)	2.8 (0.8 - 8.9)
More than 20 per day	9.4 (6.6 - 13.3)	13.7 (8.5 - 21.2)	2.8 (0.9 - 8.4)
Total	100	100	100

¹ On the days that current cigarette smokers smoked cigarettes during the past 30 days.

The data showed that most of students experimented with cigarettes (they tried smoking cigarettes for the first time) between age 12 and 13 (29.4%), then between 14 and 15 years (26.3%). More often than every fifth student (21.4%) stated that he/she experimented with tobacco products at the age of 7 and under, and this was significantly more common among boys than girls (Table 4).

Table 4: Age at cigarette smoking initiation among ever cigarette smokers 13-15 years old, by gender – GYTS Montenegro, 2018

Age when first trying a cigarette ¹	Overall	Boys	Girls
	Percentage (95% CI)		
7 years old or younger	21.4 (18.4 - 24.8)	24.6 (20.5 - 29.2)	17.8 (13.6 - 23.0)
8 or 9 years old	8.5 (6.6 - 10.8)	9.8 (7.7 - 12.4)	7.1 (4.5 - 11.1)
10 or 11 years old	14.4 (11.3 - 18.1)	17.0 (12.6 - 22.7)	11.3 (8.1 - 15.5)
12 or 13 years old	29.4 (25.8 - 33.3)	27.0 (22.8 - 31.6)	32.3 (27.3 - 37.7)
14 or 15 years old	26.3 (22.5 - 30.6)	21.6 (17.6 - 26.2)	31.5 (26.9 - 36.5)
Total	100	100	100

¹ Among those that have ever tried a cigarette

Among current smokers, 42.9% of them show signs of smoking dependence, which means that first thing they want to do in the morning after awakening is to smoke a cigarette. This was reported by boys more commonly than by girls (Table 5).

Table 5: Current smokers 13-15 years old who are showing signs of smoking dependence, by gender – GYTS Montenegro, 2018

	Overall	Boys	Girls
	Percentage (95% CI)		
Signs of smoking dependence ¹	42.9 (37.6 - 48.4)	47.1 (39.9 - 54.5)	37.1 (29.6 - 45.3)

¹ Those who answered: 1) they sometimes or always smoke tobacco or feel like smoking tobacco first thing in the morning, or they start to feel a strong desire to smoke again within one full day after smoking.

3.2. Cessation

Eight of ten respondents stated they would be able to stop smoking whenever they want (significantly more girls than boys have that attitude), but only more than one-third of respondent (35.2%) said that they want to quit smoking now. More than half of students (51.0%) tried to stop smoking during previous year, and 12.6% stated they received help or advice from professional to stop smoking (proportion of boys is more than twice higher than in girls) (Table 6).

Table 6: Smoking tobacco cessation indicators among current smokers 13-15 years old, by gender – GYTS Montenegro, 2018

	Overall	Boys	Girls
	Percentage (95% CI)		
Current smokers who...			
Tried to stop smoking in the past 12 months	51.0 (41.4 - 60.5)	53.3 (40.5 - 65.7)	49.1 (38.3 - 60.0)
Want to stop smoking now	35.2 (26.3 - 45.2)	42.0 (30.1 - 55.0)	27.8 (15.7 - 44.5)
Thought they would be able to stop smoking if they wanted to	80.6 (72.6 - 86.8)	75.6 (65.6 - 83.4)	88.4 (77.3 - 94.4)
Have ever received help/advice from a program or professional to stop smoking	12.6 (8.1 - 19.1)	17.8 (10.9 - 27.8)	6.2 (2.6 - 13.8)

3.3. Secondhand Smoke

From students who participated in research, 49.0% were exposed to tobacco smoke at home during past 30 days, and 57.5% of them have been exposed to tobacco smoke indoor public places. At the same time, 58.0% were exposed to tobacco smoking in outdoor public places. In all mentioned cases, more girls were exposed to secondhand smoke than boys. More than half of respondents (54.9%) saw someone smoking cigarettes in school building or school environment (more girls than boys) (Table 7).

Table 7: Students 13-15 years old who were exposed to tobacco smoke during the past 30 days, by gender – GYTS Montenegro, 2018

	Overall	Boys	Girls
	Percentage (95% CI)		
Exposed to tobacco smoke at home	49.0 (46.4 - 51.6)	45.1 (41.6 - 48.7)	52.9 (50.3 - 55.5)
Exposed to tobacco smoke inside any enclosed public place	57.5 (55.0 - 60.0)	52.7 (49.4 - 56.0)	62.3 (59.7 - 64.9)
Exposed to tobacco smoke at any outdoor public place	58.0 (55.3 - 60.7)	52.7 (49.1 - 56.3)	63.2 (60.5 - 65.9)
Saw anyone smoking inside the school building or outside on school property	54.9 (50.7 - 59.1)	52.6 (48.0 - 57.2)	57.3 (52.7 - 61.7)

3.4. Access and Availability

Students who smoke cigarettes got them some other way (35.6%), bought them in stores or shops (31.4%), bought them from kiosks (23.7%), or bought them from street sellers (9.4%). (Table 8)

Table 8: Source for obtaining cigarettes among cigarette smokers 13-15 years old, by gender – GYTS Montenegro, 2018

Source ¹	Overall	Boys	Girls
	Percentage (95% CI)		
Purchased from a store or shop	31.4 (24.7 - 39.0)	38.0 (30.1 - 46.6)	24.8 (15.7 - 36.8)
Purchased from a street vendor	9.4 (5.2 - 16.2)	14.3 (7.9 - 24.5)	2.4 (0.5 - 10.4)
Purchased from a kiosk	23.7 (17.0 - 32.0)	20.1 (12.6 - 30.5)	28.0 (18.1 - 40.5)
Got them some other way	35.6 (29.0 - 42.7)	27.6 (18.5 - 39.1)	44.9 (35.9 - 54.2)

¹How cigarette smokers obtained the cigarette they last smoked during the past 30 days

Most respondents (79.2%) stated that they were not prevented from buying cigarettes because of their age, and more often girls than boys (Table 9).

Table 9: Current cigarette smokers 13-15 years old who were not prevented from buying cigarettes because of their age, by gender – GYTS Montenegro, 2018

	Overall	Boys	Girls
	Percentage (95% CI)		
Current cigarette smokers who were not prevented from buying cigarettes because of their age ¹	79.2 (71.9 - 85.0)	74.5 (62.2 - 83.8)	85.0 (75.1 - 91.4)
¹ Among those who tried to buy cigarettes during the past 30 days.			

Most respondents (69.6%) who smoke cigarettes purchased standard packaging (20 cigarettes per pack), while significantly fewer purchase cigarettes in some other form. 14.1% of them stated that they were purchasing cigarettes per piece (Table 10).

Table 10: Unit of cigarette purchase among current cigarette smokers 13-15 years old, by gender – GYTS Montenegro, 2018

Unit of purchase ¹	Overall	Boys	Girls
	Percentage (95% CI)		
Individual sticks	14.1 (8.0 - 23.8)	19.6 (11.3 - 31.7)	8.6 (3.2 - 21.2)
Pack	69.6 (60.1 - 77.6)	61.6 (48.7 - 73.1)	79.6 (64.1 - 89.5)
Carton	7.2 (4.0 - 12.7)	8.3 (3.5 - 18.4)	4.1 (1.6 - 10.5)
Rolls	1.9 (0.5 - 6.4)	2.7 (0.6 - 11.8)	1.0 (0.1 - 7.5)
Loose tobacco for hand-rolled cigarettes	7.2 (3.3 - 15.0)	7.8 (2.8 - 19.8)	6.6 (1.9 - 20.8)
Total	100	100	100
¹ Based on the last purchase, among those who bought cigarettes during the past 30 days.			

More than one in five students stated that they spend between 1€ and 1.5€ per day, 19.2%) spend between 2€ and 2.5 € per day (and almost the similar proportion of students spend between 1.5€ and 2€ (18.8 %). More than one out of six students (17.0%) spend 3€ or more per day, and the smallest number are those who spend between half and less € (Table 11).

Table 11: Cost of cigarettes among students 13-15 years old, by gender and smoking status – GYTS Montenegro, 2018

Cost of a pack (20 cigarettes) ¹	Overall	Boys	Girls
Less than 0,5€	5.9 (4.8 - 7.2)	8.1 (6.4 - 10.2)	3.8 (2.9 - 5.0)
0,50 -0,99€	5.3 (4.5 - 6.1)	6.7 (5.7 - 7.9)	3.8 (2.8 - 5.1)
1 - 1,49€	20.5 (17.9 - 23.4)	20.5 (17.8 - 23.5)	20.5 (17.4 - 23.9)
1,5 - 1,99€	18.8 (17.4 - 20.3)	16.7 (14.4 - 19.2)	20.9 (19.0 - 22.8)
2 - 2,49€	19.2 (17.3 - 21.2)	19.8 (17.0 - 23.0)	18.5 (16.4 - 20.9)
2,5 - 2,99€	13.4 (11.9 - 15.2)	12.1 (10.0 - 14.5)	14.7 (13.3 - 16.4)
3€ or more	17.0 (15.3 - 18.8)	16.1 (14.5 - 17.9)	17.8 (15.4 - 20.5)
Total	100	100	100

¹ On average, they think it costs a cigarette box

3.5. Media

3.5.1. Anti-Tobacco

More than half of students (55.3%) saw anti-tobacco advertisements (on TV, internet, billboards and other places where advertising can be made) in media in last 30 days. Among all respondents, 27% saw anti-tobacco advertisements at sports or other public events in past 30 days, while among those who attended sports or social events in last 30 days that percentage was 48.9%. More than five out of ten students (50.2%) studied at school about dangers effects of using tobacco products in last 12 months (Table 12).

Table 12: Noticing anti-tobacco information among students 13-15 years old, by gender – GYTS Montenegro, 2018

	Overall	Boys	Girls
	Percentage (95% CI)		
Noticed anti-tobacco messages in the media ¹ in the past 30 days ²	55.3 (52.9 - 57.6)	54.3 (51.8 - 56.7)	56.2 (53.2 - 59.2)
Noticed anti-tobacco messages at sporting or community events			
Among all students in the past 30 days	27.0 (25.0 - 29.1)	30.5 (27.1 - 34.1)	23.6 (21.7 - 25.5)
Among those who attended sporting or community events in the past 30 days	48.9 (46.1 - 51.7)	52.9 (48.6 - 57.2)	44.7 (41.1 - 48.3)
¹ For example, television, radio, internet, billboards, posters, newspapers, magazines, movies.			
² Among all students aged 13-15 years old.			

Most smokers (85.6%) saw health warning messages on cigarette packets. Among smokers, 21.8% stated they thought about stopping smoking because of health warnings on cigarette packs, while 25.5% of tobacco products users who noticed health warnings stated that they thought about quitting smoking because of health warnings on cigarette packages. More than one in five non-smokers (21.9%) thought about not start smoking because of health warnings on cigarette packs (Table 13).

Table 13: Noticing of health warnings on cigarette packages among current and never smokers 13-15 years old, by gender – GYTS Montenegro, 2018

	Overall	Boys	Girls
	Percentage (95% CI)		
Current smokers who noticed health warnings on cigarette packages [†]	85.6 (81.8 - 88.8)	81.5 (76.2 - 85.8)	91.8 (84.9 - 95.7)
Thought about quitting smoking because of health warnings on cigarette packages ¹			
Among current smokers	21.8 (17.4 - 26.9)	21.2 (15.6 - 28.0)	21.9 (13.8 - 33.1)
Among current smokers who noticed health warnings	25.5 (20.5 - 31.1)	26.0 (19.6 - 33.5)	23.9 (15.0 - 35.7)
Never smokers who thought about not starting smoking because of health warnings on cigarette packages ^{1,2}	21.9 (19.7 - 24.3)	21.3 (18.6 - 24.3)	22.5 (19.2 - 26.2)
¹ During the past 30 days.			
² Among never smokers who noticed health warnings on cigarette packages in the past 30 days.			

3.5.2. Tobacco Marketing

In last 30 days, almost every third respondent (33.0%) noticed commercials or other forms of tobacco products promotion at sales outlets. Among those who visited tobacco selling place, almost half (47.7%) were faced with some type of tobacco promotion in last 30 days. Most students (69.3%) noticed anyone using tobacco on television, video and film, and among those who watched TV, video and movies, there was significantly more (83.2%) of those who spotted some kind of advertising tobacco during last 30 days. Tobacco products were offered free of charge from representatives of tobacco product manufacturers to a small number of students (4.9%) (Table 14).

Table 14: Noticing tobacco marketing among students 13-15 years old, by gender – GYTS Montenegro, 2018

	Overall	Boys	Girls
	Percentage (95% CI)		
Noticed tobacco advertisements or promotions at points of sale			
Among all students in the past 30 days	33.0 (31.0 - 35.1)	33.0 (30.2 - 36.0)	33.0 (30.4 - 35.8)
Among those who visited a point of sale in the past 30 days	47.7 (45.1 - 50.3)	47.0 (43.4 - 50.6)	48.4 (44.9 - 52.0)
Noticed anyone using tobacco on television, videos, or movies			
Among all students in the past 30 days	69.3 (67.1 - 71.4)	64.3 (61.3 - 67.2)	74.2 (71.2 - 76.9)
Among those who watched television, videos, or movies in the past 30 days	83.2 (81.5 - 84.7)	81.1 (79.0 - 83.0)	85.1 (82.9 - 87.0)
Ever offered a free tobacco product from a tobacco company representative	4.9 (4.1 - 5.9)	7.5 (6.1 - 9.2)	2.4 (1.8 - 3.2)

Less than 1 of ten students (9.9%) stated that own item with tobacco industry brand, while a quarter (25.7%) of non-smokers owned something with a tobacco brand logo on it or might in the future (Table 15).

Table 15: Ownership and receptivity to tobacco marketing among students 13-15 years old, by gender – GYTS Montenegro, 2018

	Overall	Boys	Girls
	Percentage (95% CI)		
Students who owned something with a tobacco brand logo on it ¹	9.9 (8.3 - 11.7)	13.3 (11.0 - 15.9)	6.6 (5.4 - 8.1)
Never tobacco users who owned something with a tobacco brand logo on it or might in the future ^{2,3}	25.7 (23.8 - 27.7)	29.5 (26.8 - 32.3)	22.1 (19.4 - 25.2)
¹ For example, a t-shirt, pen, backpack.			
² Those who might use or wear something that has a tobacco company or product name or picture on it.			
³ Considered highly receptive to tobacco marketing (at risk for future tobacco use).			

3.6. Knowledge and Attitudes

One-third of students (29.7%) definitely thought that it is difficult to stop smoking once someone starts smoking and 38.0% think that smoking tobacco at parties and social events helps them to feel more comfortable. (Table 16)

Table 16: Knowledge and attitudes towards smoking cessation and social smoking among students 13-15 years old, by gender – GYTS Montenegro, 2018

	Overall	Boys	Girls
	Percentage (95% CI)		
Students who...			
Definitely thought it is difficult to quit once someone starts smoking tobacco	29.7 (27.4 - 32.0)	29.4 (26.4 - 32.5)	29.9 (27.4 - 32.6)
Thought smoking tobacco helps people feel more comfortable at celebrations, parties, and social gatherings	38.0 (35.8 - 40.2)	39.0 (36.0 - 42.2)	36.9 (34.2 - 39.7)

Almost two-thirds of students (60.3%) definitely thought that secondhand smoke is harmful to their health. The most students (82.2%) support ban of smoking in enclosed public places, while 65.0% favored ban of smoking in open public places (Table 17).

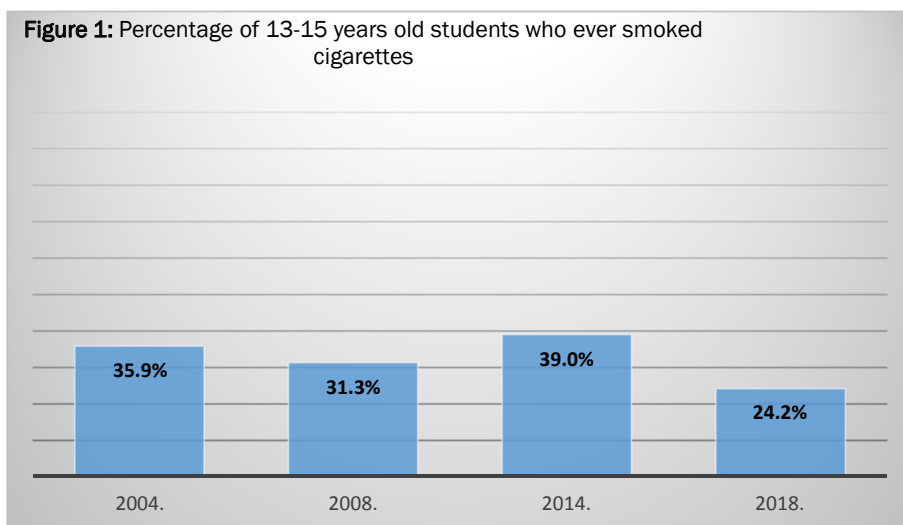
Table 17: Knowledge and attitudes towards secondhand smoke among students 13-15 years old, by gender – GYTS Montenegro, 2018

	Overall	Boys	Girls
	Percentage (95% CI)		
Students who...			
Definitely thought other people's tobacco smoking is harmful to them	60.3 (58.5 - 62.1)	59.5 (57.5 - 61.5)	61.2 (58.2 - 64.2)
Favored banning smoking inside enclosed public places	82.2 (80.5 - 83.8)	80.1 (78.4 - 81.8)	84.1 (82.0 - 86.0)
Favored banning smoking at outdoor public places	65.0 (62.2 - 67.6)	65.9 (63.1 - 68.5)	64.2 (61.0 - 67.3)

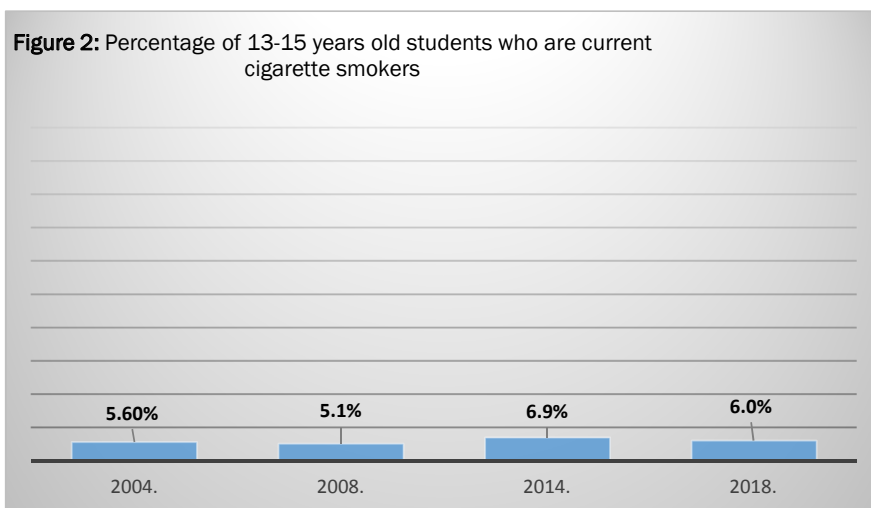
3.7. Comparison to Previous Tobacco Surveys

In Montenegro, the GYTS was previously conducted in both elementary and secondary schools in 2004, 2008, 2014 and 2018. Compared to previous GYTS, the present study showed:

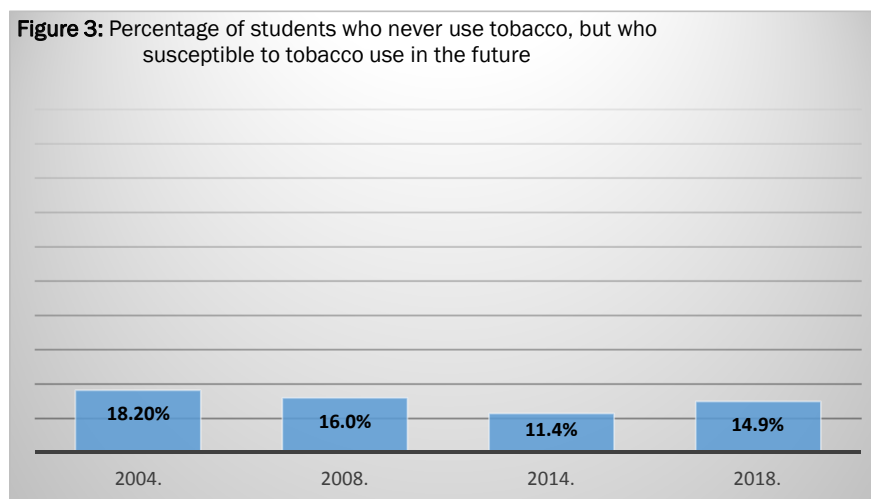
Results from 2018 survey, compared with results from previous years, showed declines in percentage of students who have ever smoked cigarettes (Figure 1).



Also, in 2018 percentage of current smokers among children aged 13 and 15 years has been reduced in comparison to previous research, but is higher comparing with data from 2004 and 2008 (Figure 2)



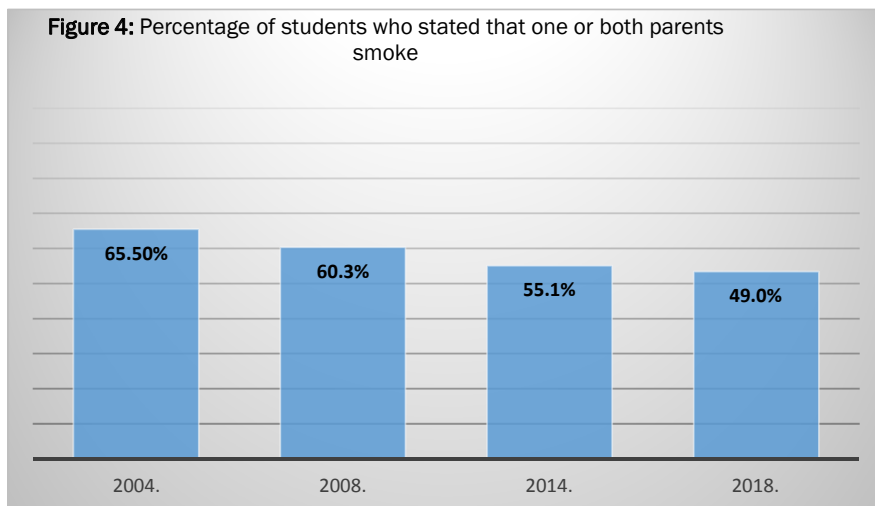
Percentage of students who never use tobacco, but who susceptible to tobacco use in the future¹ has increased in comparison to previous research but it is lower related to research from 2004 and 2008 (Figure 3)



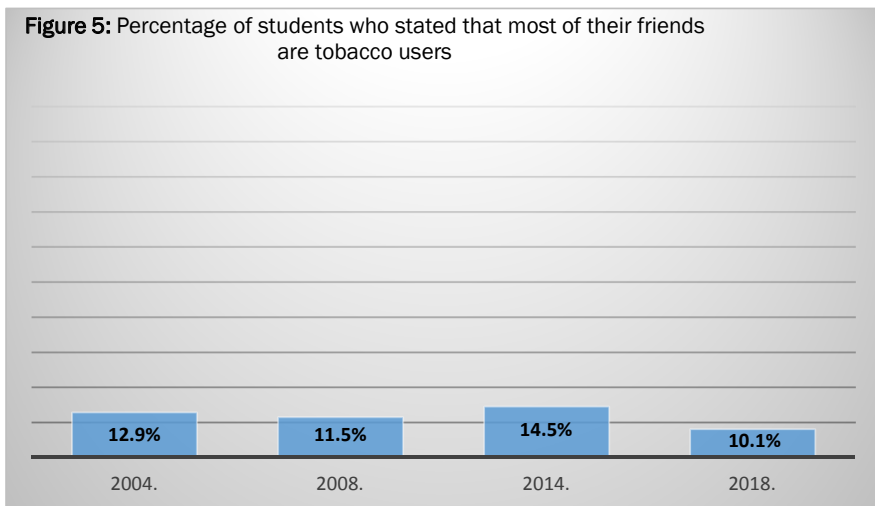
Percentage of students who stated that one or both parents smoke decreased

¹ Susceptible to future tobacco use include those who answered “Definitely yes”, “Probably yes”, or “Probably not” to using tobacco if one of their best friends offered it to them or those who answered “Definitely yes”, “Probably yes”, or “Probably not” to using tobacco during the next 12 months

compared to all previous studies. However, although less often than before, now almost half of students stated that one or both parents smoke (49.0%).

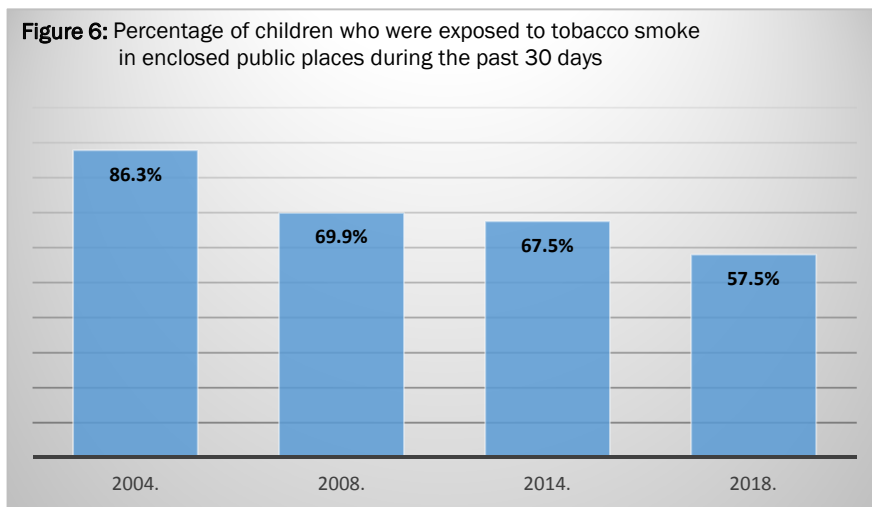


Percentage of students who stated that most of their friends are tobacco users reduced related to previous research. (Figure 5)

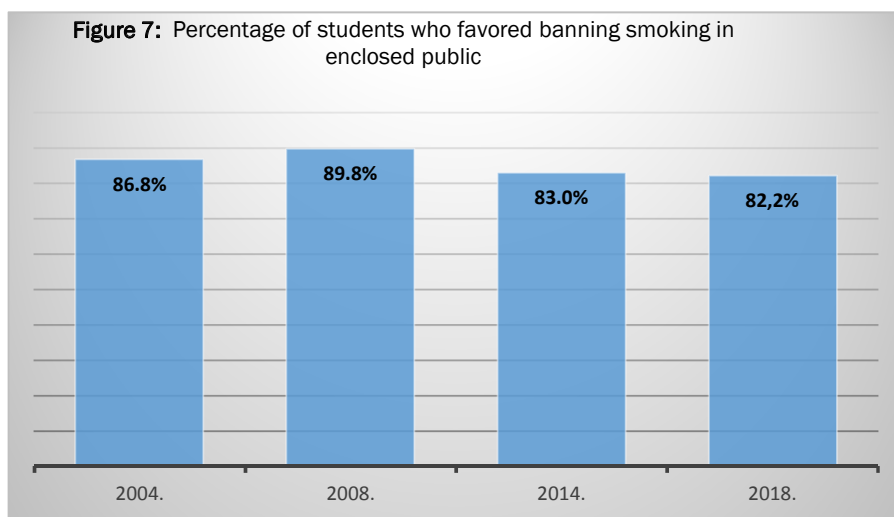


Percentage of children who were exposed to tobacco smoke in enclosed public places during the past 30 days decreased compared to all previous studies

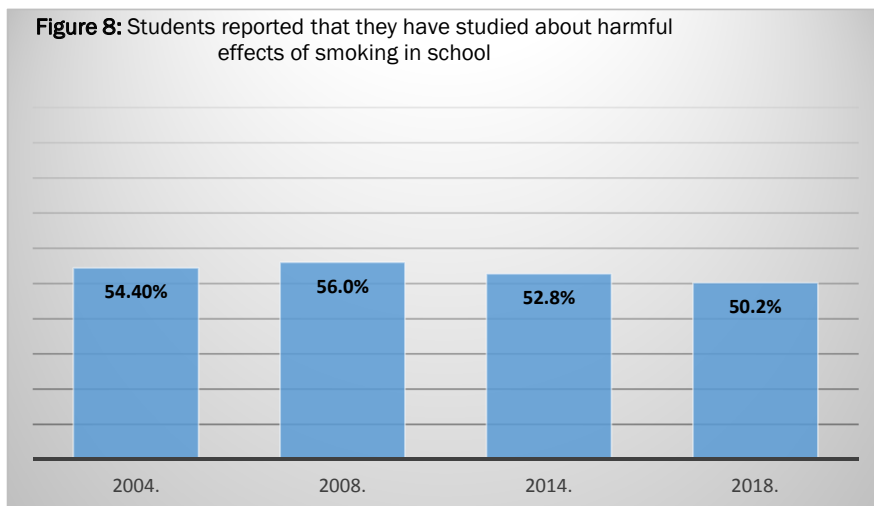
(Figure 6), but still more than half of the students are exposed to it (57.5%).



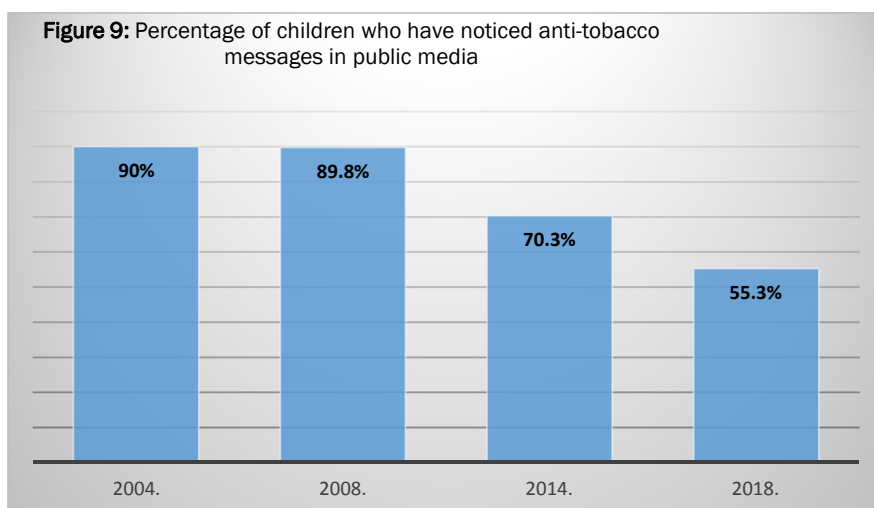
Percentage of children who favored banning smoking in enclosed public remains high.



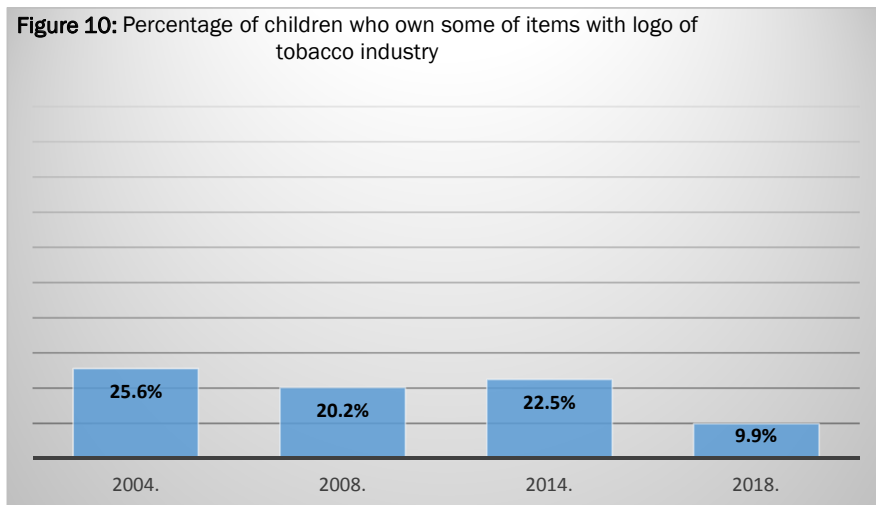
There is a reduction of students reported that they have studied about harmful effects of smoking in school. (Figure 8)



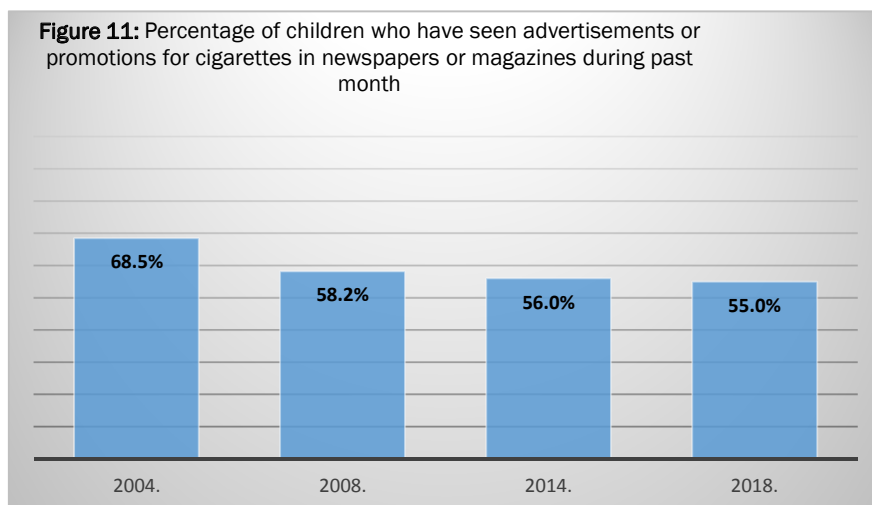
In 2018, comparing with previous surveys, percentage of children who have noticed anti-tobacco messages in public media has been decreased (Figure 9).



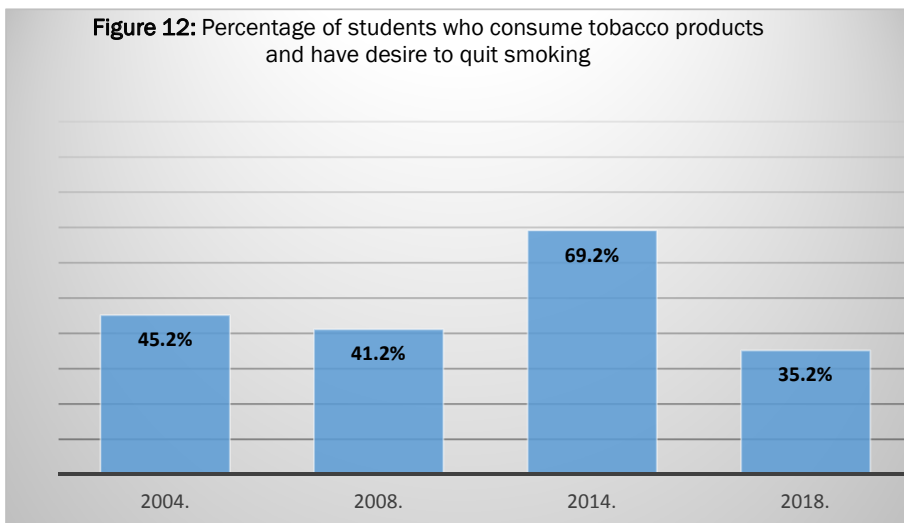
Percentage of children who own some of items with logo of tobacco industry has also been reduced.



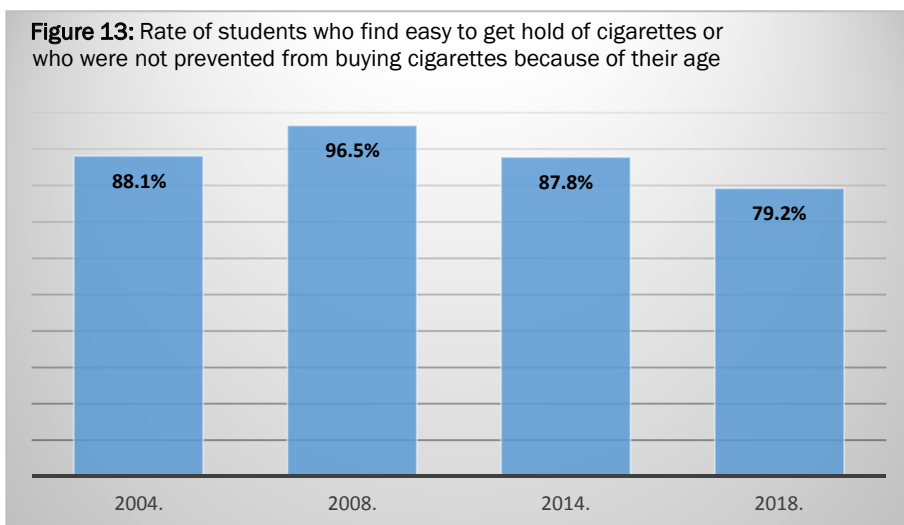
Percentage of children who have seen advertisements or promotions for cigarettes in newspapers or magazines during past month is has been reduced.



Percentage of children who consume tobacco products and have desire to quit smoking has been significantly reduced related to previous researches (Figure 12)



The rate of students who find easy to get hold of cigarettes or who were not prevented from buying cigarettes because of their age reduced. (Figure 13)



4. DISCUSSION

4.1. Discussion of Survey Findings

The implementation of GYTS research is very important for measuring the progress of implementation of FCTC provisions, as well as MPOWER, which incorporated in their principles obligation to carry out the research. Also, research data provide a good basis for creating effective public health policies. Adoption and implementation of tobacco control policies are a precondition for preventing disease and its complications.

4.2. Tobacco Use

GYTS indicated that one third of student aged 13 and 15 experimented with tobacco products, and more often boys. Compared to previous research, total number of students who have ever used tobacco product in their lives, as well as number of students who currently use tobacco products, has been reduced. It is interesting that number of girls using these products has increased and number of boys has decreased compared to previous research. Compared to Italy, which published GYTS data 2018, there are significantly fewer tobacco products users in Montenegro than in Italy (17). Also, fewer users of tobacco products are in Montenegro than in Croatia and Serbia, and similar as in Slovenia (18). Research showed that the most commonly used tobacco products are cigarettes, but use of smokeless tobacco products increased. One of the main reasons for this is availability of cigarettes which encourages young people to smoke. The majority users of tobacco products start to smoke between age 12 and 13. Data that disturb it that almost one-quarter of boys start smoking at age of 7 or less.

Almost every seventh student from the survey estimated that he/she could become tobacco user in future. Also, almost every tenth student thinks that he/she could enjoy smoking, so they represent a target group that must be covered by smoking promotion and prevention programs. In the future, it is very important to work on reducing of attractiveness of tobacco products and presenting other solutions that can help to achieve adequate level of self-confidence among young people (19).

4.3. Cessation

Half of students who are current smokers stated they tried to stop smoking in last 12 months, and more than a third want to quit smoking now. Most of students-smokers think that they can quit smoking when they want to, but only one of ten received professional help for quitting smoking. This is very low given the fact that all Youth counselling centres in Health care centers provide professional assistance to young people for smoking cessation. (20). However, low level of students who already used services of Counseling centre points out the fact that there is a need for better access to counselling services within the Health care centres. The services that counselling services provided to young people must be more visible within the system so that young people can use these services more. Counselling is recognized measure of smoking quitting, very simple to implement, and effective (21).

4.4. Secondhand Smoke

Research showed that, compared to previous surveys the less percentage of students reported that one parent or both of their parents or fiends smoke in their home (49.0%). Although a smaller number of students than it was before, about half of them are still exposed to influence of tobacco smoke in the house, in other closed places, as well as in open public places (such as playgrounds, promenades, entrances to buildings, parks, swimming pools, etc.). It is very important to educate young people about dangers of secondhand smoke, and especially with risks associated with passive smoking and consistently implement laws restricting use of tobacco products (22), which protect population from passive effects of tobacco smoke.

4.5. Access and Availability

Almost one-third of current smokers buy cigarettes in stores or shops, and for more than three quarters of these smokers, no one asks them for their age and they are not limited because of their years for buying tobacco products (79.2%). All sales facilities in Montenegro indicate that tobacco products are prohibited by juvenile but it is obvious that existing Law does not apply consistently. Availability of tobacco products is factor that very significantly determines their use, and important component of availability is price and

possibility of legal procurement of tobacco products without age and other restrictions (23). An important measure for reduction of tobacco users number users, especially among young people, is limitation of availability of tobacco sales on machines, age control at all points of sale, prices increase, consistently applying taxation for tobacco products (successive excise tax on tobacco products). Obviously, all those measures must be followed by others measures from the Law.

4.6. Exposure to Anti-Tobacco Information

Half of students stated that they learned about harmful effects of tobacco smoke in schools during school year. This data indicates that there is enough place for education of children and young people about harmful effects of tobacco smoke. Students have pointed out to that they have faced with ant tobacco advertising, suggesting that health policy makers are implementing health education measures in terms informing on negative effects of tobacco smoke on children and young people's health. More than half of students saw anti-tobacco messages in media, and less than one-third of them noticed these messages at sport event. The majority of current smokers noticed health warnings on cigarette packs but only one quarter think that because of these messages should stop using tobacco products. Health-education information and messages that are tailored according to the needs of users and sent in right way can make a significant impact on decision to quit smoking (24).

4.7. Awareness and Receptivity to Tobacco Marketing

In Montenegro, several national programs initiated raising of awareness on dangers of tobacco products. All health care centres in Montenegro implement smoking cessation programs as integral part of Counseling centre for youth since 2010. This program includes preventive activities that are carried out in schools that include different types of strategies to transfer complete and competent information and improve skills for non-smoking promotion and smoking prevention and its complications.

One-third of students saw tobacco products advertisements at sales outlets, and twice as many saw that a certain actor on a movie, TV or other media consumes tobacco products, which is significantly less than in previous research.

In Montenegro, 9.9% of students aged 13 and 15, stated that own an item (for example, shirt, pencil etc) which has logo of cigarette brand, and less than 5% of students are offered free cigarettes by cigarette manufacturers. Promotion of tobacco products is important factor on awareness of young people and their orientation on use of tobacco product (25).

4.8. Knowledge and Attitudes

Students mostly know that smoking is risk factor for their health, but still four of ten respondents think this is not correct, which leads to conclusion on the importance of implementing informative and educational programs. Also, most respondents are for legal restrictions on tobacco use. Experience confirms that right information and ability to adopt healthy lifestyles are important components of tobacco use prevention (26). However, this research has shown that number of students who learned in school about negative effects of tobacco smoke on health has reduced.

4.9. Relevance to FCTC

The data from survey are crucial for measuring progress of Montenegro in relation to implementation of all binding documents in field of tobacco control. This research provides basis for mechanisms that are important for creating effective services in field of non-smoking promotion, smoking prevention and adequate treatment.

4.9.1. Protect people from tobacco smoke

Unfortunately, not just direct smoking has bad influence on health but environmental tobacco smoke has a large health impact. This is a reason why there is need to make estimates about extent to which youth are exposed to others' tobacco smoke. The GYTS 2018 show that young people are less exposed to second-hand smoke as a result of increased impact of informing and educating of population about side effects of this exposure for health, considering that restriction on use of tobacco products in Montenegro has not been implemented, so far. Despite this, it is important to point out that level of exposure to tobacco smoke is still worrying.

4.9.2. Offer help to quit tobacco use and warn about the dangers of tobacco

Results show that more of half students who currently smoke are interested in quitting or tried to stop smoking, but smaller number of students want to quit smoking now. However, more than 80% of students who smoke think that they can quit when they want. Therefore is a small number of students who use help of Youth counseling centers in Health care centers who are trained to provide professional help to for quitting smoking.

A small number of students among currents smokers indicates importance of better access to information related to professional counselling and education in quitting smoking. This fact confirmed findings from GYTS, according to which only a few students have discussed in schools about dangers of tobacco smoke and its impact on human health.

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

The Law on reducing tobacco consumption prohibits public advertising of tobacco products, promotion, offering of tobacco products, and these provisions are also incorporated in the new Law, which is in the process of harmonization with EU regulations. However, data from GYTS, 2018. Show that, although the number of those who claim that are faced with various forms of promotion and advertising of tobacco products is reduced, it is still present.

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

The results of the GYTS Montenegro 2018 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.

4.10. Key Recommendations

The findings from the GYTS Montenegro 2018 will be specifically relevant in the following areas.

- Half of respondents indicated that they tried to quit smoking last year, and one-third of them want to stop smoking now. However, small number of students used specific smoking-cessation services. In Montenegro, this service is provided in Counseling centres for youth in Primary health care centres in Montenegro, but not used to an adequate extent.
- Although number of students who are exposed to influence of passive smoking in indoor and outdoor areas is reduced, there is still a number of children who inhale tobacco smoke unwillingly. It is necessary to adopt the new Law on Restriction of the use of tobacco products and implement it in practice as soon as possible. After the Law comes into force, with its comprehensive measures for prohibition of indoor smoking, including workplaces and transport, adequate conditions will be provided for improvement of health of all, especially children and young people
- Data suggest an early age of initiation of cigarette usage among youth. Therefore, tobacco control education needs to start at a very young age. That is why is necessary to educate students in schools continuously and professionally. The course “Healthy Life styles” should be carried out by specially trained professors or by health care professionals, to achieve competent, complete and comprehensive knowledge in this area.
- Besides the Law implementation, it will be very importance to define the Strategy on Tobacco Control, as previous one has terminated, with a special review at fact that children and youth should be protected from negative impacts of tobacco smoke. So, it is very important to form The Tobacco Control Commission, with multisectoral character at national level that will monitor implementation of control provisions and create new policies in this field.
- Students reported that they are exposed to smoking campaigns, where they are offered with objects with tobacco company logo and free cigarette samples, which affects on availability of tobacco products. Therefore, it is important apply legal provisions consistently, as it prohibit promotion of tobacco products and in that way protect young people from influence of tobacco companies.

Proposed Interventions/Further Studies

Based on data from research, below are proposed action to improve control measures for tobacco use among young people, especially in schools:

- It is particularly important to adopt the new Law on Restriction of Use of Tobacco Products and implement it to protect the health of all, and especially of children. In that sense, it is necessary to provide all relevant resources to ensure monitoring of all components related to tobacco control, which are defined by the Law.
- It is important to define Action Plan for Tobacco Control and provide resources for its implementation.
- It is very important to conduct research on use of tobacco products in total population and among young people in a certain period.
- 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 a need for education on the dangers of tobacco as part of regular education. “Campaign for a life without tobacco smoke” should involve all members of community, with a special assignment for NGOs, taking into account that government resources are very limited.
- Educational programs and health promotion campaigns are useful in tobacco control, particularly in areas where harms of tobacco use are not widely known. However, unless they are backed up by strong public policies, which help youth not to use tobacco products, educational programs have only modest results. Such education programs and health promotion campaigns should be placed in overall context of strong and coherent tobacco control policies.

RECOMMENDATIONS

All conducted research in Montenegro regarding identification of tobacco smoking problems shows that prevalence among total population and young people is very high. So, the recommendation is to include all relevant social factors in the tobacco control process, to reduce exposure of children and youth to active and passive effects of tobacco smoke. It is very important to prohibit advertising, promotion of tobacco products and any kind of sponsorship of events, especially those for children and young people by tobacco industry. It is very important to recognize smoking as a priority problem that requires complex approach to resolve it. GYTS has pointed large exposure of children to tobacco smoke, it is particularly important to regulate restrictions on use of tobacco products in public places. Legislative related to all aspects of use of tobacco products is the most effective tool in tobacco control. Therefore, it is necessary to adopt and implement the new Law on restriction on use of tobacco products (which is currently on harmonization with EU directives). It is also very important to work on Law promotion and monitor its implementation, in order to protect children and young from dangerous effects of passive inhalation of tobacco smoke.

The research has also point out the existence of gaps in information and education of children, and that is why is very important to create health education programs aimed at providing adequate knowledge and skills for smoking prevention. The course “Healthy lifestyles” enables competent satisfaction of children and young people needs in field of forming behaviour when is by health. Also it is important to provide adequate education of profesors and realization of course by health care workers.

Also, it is important to create child-oriented and child-focused prevention programs to prepare them for challenges of smoking at later age.

Also, it is important to work on non-smoking promotion, and recommendation is to organize public campaigns to draw public attention to disastrous effects of tobacco smoke and obligation of protection of children and young people from that impact.

Present prevalence of tobacco use among young people, requires a comprehensive treatment of children and young people who smoke, provided by professionals. Programs of quitting smoking are implemented

in Youth Counseling Centers in all Health care centers in Montenegro, so it is recommended to improve working conditions in these organizational units, through staff training, better motivation of service providers, providing necessary technical support.

Recommendation is to conduct GYTS within four years, to monitor trends of tobacco use among young people and activities carried out in field of tobacco control within the FCTC and the application of MPOWER. Also, recommendation is to conduct research on tobacco prevalence in other population groups.

Reducing of tobacco use is significantly correlated with price policies, so it is expected to rise the prices for these products in upcoming period, through increase of tax rate. It is recommended to increase rate of excise duty on tobacco products, and to increase price of tobacco products in order to reduce their access to children and young people. It is proposed to allocate part of tax on tobacco products for implementation of measures to promote non-smoking and smoking prevention, but also to treat complications of this disease.

To apply all these recommendations, it is necessary to provide necessary resources.

REFERENCE

1. U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: What It Means to You. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2010 [accessed 2017 Apr 20].
2. Royal College of Physicians. (2016). Nicotine without smoke: Tobacco harm reduction. London: RCP.
3. Schepis T. S., & Rao U. (2005). Epidemiology and etiology of adolescent smoking. *Current Opinion in Pediatrics*, 607–612. 10.1097/01.mop.00000176442.49743.31 [PubMed] [CrossRef]
4. Gowing L. R., Ali R. L., Allsop S., Marsden J., Turf E. E., West R., & Witton J. (2015). Global statistics on addictive behaviors: 2014 status report. *Addiction*, 904–919. doi:10.1111/add.12899 [PubMed].
5. Benowitz NL, Brunetta PG. Smoking hazards and cessation. In: Broaddus VC, Mason RJ, Ernst JD, et al, eds. *Murray and Nadel's Textbook of Respiratory Medicine*. 6th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 46.
6. Rakel RE, Houston T. Nicotine addiction. In: Rakel RE, Rakel DP, eds. *Textbook of Family Medicine*. 9th ed. Philadelphia, PA: Elsevier Saunders; 2016:chap 49.
7. Đurišić T, Golubović Lj, Mugoša B. Research on the quality of life, lifestyles and health risks of the inhabitants of Montenegro; Institute of public health of Montenegro and Monstat. Podgorica, 2017. godina.
8. WHO. Tobacco. Key words. 2018. Available on: <https://www.who.int/news-room/fact-sheets/detail/tobacco>.
9. World Health Organization (2013). WHO report on the global tobacco epidemic, 2013: enforcing bans on tobacco advertising, promotion and sponsorship. Geneva: WHO.
10. MONSTAT: Statistics Office 2019. Available on: <https://www.monstat.org/cg/novosti.php?id=2714>.
11. WHO. Mpower in action. Defeating the global tobacco epidemic. 2013. Available on: https://www.who.int/tobacco/mpower/publications/mpower_2013.pdf?ua=1.
12. WHO. Tobacco Free Initiative (TFI). MPOWER brochures and

- other resources. Available on: <https://www.who.int/tobacco/mpower/publications/en/>.
13. Ngo A, Cheng KW, Chaloupka FJ, Shang C. The effect of MPOWER scores on cigarette smoking prevalence and consumption. *Prev Med.* 2017; 105S:S10-S14.).
 14. Ipsos strategic marketing. Improving of health care protection system in Montenegro - Research with household, Podgorica, 2012
 15. Đurišić T, Golubović Lj, Mugoša B. ESPAD. National report for Montenegro, Institute of public health of Montenegro, Podgorica, 2017
 16. Institute of Public Health of Montenegro. Center for Health Promotion. Report on evaluation of work of Counseling centers in the Health care centers of Montenegro. 2018.
 17. GYTS. Fact Sheet Italy, 2018. Available on: [http://www.epicentro.iss.it/gyts/pdf/Italy%20GYTS%202018%20Factsheet%20\(Ages%2013-15\)%20FINAL_TAG508.pdf](http://www.epicentro.iss.it/gyts/pdf/Italy%20GYTS%202018%20Factsheet%20(Ages%2013-15)%20FINAL_TAG508.pdf)).
 18. GYTS. Fact Sheet Italy, 2016. Available on: <https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1>.
 19. Lovato C, Linn G, Stead LF, Best A. Impact of tobacco advertising and promotion on increasing adolescent smoking behaviors. *Cochrane Database of Systematic Reviews.* 2003;(4):CD003439. [PubMed] [CrossRef]
 20. Ministry of health, Model of Primary Health care system, Ministry of health, Podgorica, 2008
 21. American Academy of Pediatrics Julius B. Richmond Center of Excellence for tobacco control. Available on: www2.aap.org/richmondcenter/Clinicians_ClinicalPractice.html
 22. Ministry of Health & Welfare, Korea Centers for Disease Control and Prevention. Cheongwon: Korea Centers for Disease Control and Prevention; c2010. [cited 2011 Oct 1]. The 3rd online survey statistics of adolescents health behavior [Internet] Available on: <http://yhs.cdc.go.kr/>.
 23. Centers for Disease Control and Prevention (CDC) (2013) Tobacco product use among middle and high school students--United States, 2011 and 2012. *MMWR Morb Mortal Wkly Rep* 62: 893-897.
 24. Durkin S, Brennan E, Wakefield M. Mass media campaigns to promote smoking cessation among adults: an integrative review. *Tob Control.* 2012;21(2):127-138. [PubMed].

25. Xu X, Leung DY, Li B, Wang P, Zhao Y. Smoking-related knowledge, attitude, social pressure, and environmental constraints among new undergraduates in Chongqing, China. *Int J Environ Res Public Health*. 2015;12:895–909. [PMC free article] [PubMed].
26. Surgeon General’s Report-Preventing Tobacco Use Among Youth and Young Adults Surgeon General 2012. U.S. Department of Health and Human Services. Available on: <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/full-report.pdf> Accessed 16 Oct 2015.).

APPENDIX A: QUESTIONNAIRE

INSTITUTE OF PUBLIC HEALTH

Global Youth Tobacco Survey (GYTS) in the MONTENEGRO 2018

Questionnaire
Podgorica, September, 2018
Tips for Questionnaire

Instructions

- Please read each question carefully before answering it.
- Choose the answer that best describes what you believe and feel to be correct.
- Choose only **one** answer for each question.
- Please do not answer on questionnaire **only on answer sheet**
- On the answer sheet, locate the circle that corresponds to your answer and fill it in completely with the pencil that was provided to you.
- Correctly fill in the bubbles: Like this: ●
- If you have to change your answer, don't worry; just erase it completely, without leaving marks.

Example:

24. Do you believe that fish live in water? 24. ● a b c d e f g h
- a. Definitely yes
 - b. Probably yes
 - c. Probably not
 - d. Definitely not

The first few questions ask for some background information about you.

1. **How old are you?**
 - a. 11 years old or younger
 - b. 12 years old
 - c. 13 years old
 - d. 14 years old
 - e. 15 years old
 - f. 16 years old
 - g. 17 years old or older
2. **What is your sex?**
 - a. Male
 - b. Female
3. **In what grade are you?**
 - a. 8 grade of elementary school
 - b. 9 grade of elementary school
 - c. 1 grade of high school
4. **During an average week, how much money do you have that you can spend on yourself, however you want?**
 - a. I usually don't have any spending money
 - b. 5 € or less
 - c. 6 - 10 €
 - d. 11 - 15 €
 - e. 16 - 19 €
 - f. 20 - 50 €
 - g. More than 50 €
5. **Do your parents work?**
 - a. Father (stepfather or mother's partner) only
 - b. Mother (stepmother or father's partner) only
 - c. Both
 - d. Neither
 - e. Don't know
6. **What level of education did your father (step father or mother's partner) complete?**
 - a. Without education
 - b. Elementary school completed
 - c. Secondary school completed
 - d. Higher school completed
 - e. University diploma
 - f. Master degree, PhD degree
7. **What level of education did your mother (step mother or father's partner) complete?**
 - a. Without education
 - b. Elementary school completed
 - c. Secondary school completed
 - d. Higher school completed
 - e. University diploma
 - f. Master degree, PhD degree

The next questions ask about your use of tobacco.

8. Have you ever tried or experimented with cigarette smoking, even one or two puffs?
 - a. Yes
 - b. No
9. **How old were you when you first tried a cigarette?**
 - a. I have never tried smoking a cigarette
 - b. 7 years old or younger
 - c. 8 or 9 years old
 - d. 10 or 11 years old
 - e. 12 or 13 years old
 - f. 14 or 15 years old
 - g. 16 years old or older

10. **During the past 30 days, on how many days did you smoke cigarettes?**
 - a. 0 days
 - b. 1 or 2 days
 - c. 3 to 5 days
 - d. 6 to 9 days
 - e. 10 to 19 days
 - f. 20 to 29 days
 - g. All 30 days
11. **Please think about the days you smoked cigarettes during the past 30 days. How many cigarettes did you usually smoke per day?**
 - a. I did not smoke cigarettes during the past 30 days
 - b. Less than 1 cigarette per day
 - c. 1 cigarette per day
 - d. 2 to 5 cigarettes per day
 - e. 6 to 10 cigarettes per day
 - f. 11 to 20 cigarettes per day
 - g. More than 20 cigarettes per day
12. **Where do you usually smoke?**
 - a. I do not smoke
 - b. At home
 - c. At school
 - d. At work
 - e. At friends' houses
 - f. At social events
 - g. In public spaces (e.g. parks, shopping centers, street corners)
 - h. Other
13. **Have you ever tried or experimented with any form of smoked tobacco products other than cigarettes (such as cigars, cigarillos, pipe, waterpipes /hookah /shisha/ narguileh)?**
 - a. Yes
 - b. No
14. **During the past 30 days, did you use any form of smoked tobacco products other than cigarettes (such as cigars, cigarillos, pipe, waterpipes /hookah /shisha/ narguileh)?**
 - a. Yes
 - b. No
15. **Do you ever smoke tobacco or feel like smoking tobacco first thing in the morning?**
 - a. I don't smoke tobacco
 - b. No, I don't smoke tobacco or feel like smoking tobacco first thing in the morning
 - c. Yes, I sometimes smoke tobacco or feel like smoking tobacco first thing in the morning
 - d. Yes, I always smoke tobacco or feel like smoking tobacco first thing in the morning
16. **How soon after you smoke tobacco do you start to feel a strong desire to smoke again that is hard to ignore?**
 - a. I don't smoke tobacco
 - b. I never feel a strong desire to smoke again after smoking tobacco
 - c. Within 60 minutes
 - d. 1 to 2 hours
 - e. More than 2 hours to 4 hours
 - f. More than 4 hours but less than one full day
 - g. 1 to 3 days
 - h. 4 days or more
17. **Have you ever tried or experimented with any form of smokeless tobacco products (such as chewing tobacco)?**
 - a. Yes
 - b. No
18. **During the past 30 days, did you use any form of smokeless tobacco products (such as chewing tobacco)?**
 - a. Yes
 - b. No

The next questions ask about your feelings toward stopping smoking.

19. **Do you want to stop smoking now?**
 - a. I have never smoked
 - b. I don't smoke now
 - c. Yes
 - d. No
20. **During the past 12 months, did you ever try to stop smoking?**
 - a. I have never smoked
 - b. I did not smoke during the past 12 months
 - c. Yes
 - d. No
21. **Do you think you would be able to stop smoking if you wanted to?**
 - a. I have never smoked
 - b. I don't smoke now
 - c. Yes
 - d. No
22. **What was the main reason you decided to stop smoking?**
 - a. I have never smoked
 - b. I have not stopped smoking
 - c. To improve my health
 - d. To save money
 - e. Because my family does not like it
 - f. Because my friends do not like it
 - g. Other
23. **Have you ever received help or advice to help you stop smoking?**
 - a. I have never smoked
 - b. Yes, from a program or professional
 - c. Yes, from a friend
 - d. Yes, from a family member
 - e. Yes, from both programs or professionals and from friends or family members
 - f. No

The next questions ask about your exposure to other people's smoking.

24. **During the past 7 days, on how many days has anyone smoked inside your home, in your presence?**
 - a. 0 days
 - b. 1 to 2 days
 - c. 3 to 4 days
 - d. 5 to 6 days
 - e. 7 days
25. **How often do you see your father (stepfather or mother's partner) smoking in your home?**
 - a. Don't have/don't see this person
 - b. About every day
 - c. Sometimes
 - d. Never
26. **How often do you see your mother (stepmother or father's partner) smoking in your home?**
 - a. Don't have/don't see this person
 - b. About every day
 - c. Sometimes
 - d. Never
27. **How often do you see your brother/sister smoking in your home?**
 - a. Don't have/don't see this person
 - b. About every day
 - c. Sometimes
 - d. Never
28. **How often do you see other people smoking in your home?**
 - a. Don't have/don't see this person
 - b. About every day
 - c. Sometimes

- d. Never
29. **During the past 7 days, on how many days has anyone smoked in your presence, inside any enclosed public place, other than your home (such school, shops, cafes, restaurants, shopping malls, etc.)?**
- 0 days
 - 1 to 2 days
 - 3 to 4 days
 - 5 to 6 days
 - 7 days
30. **During the past 7 days, on how many days has anyone smoked in your presence, at any outdoor public place (such as playgrounds, sidewalks, entrances to buildings, parks, swimming pools, etc.)?**
- 0 days
 - 1 to 2 days
 - 3 to 4 days
 - 5 to 6 days
 - 7 days
31. **During the past 30 days, did you see anyone smoke inside the school building or outside on school property?**
- Yes
 - No
32. **Do you think the smoke from other people's tobacco smoking is harmful to you?**
- Definitely not
 - Probably not
 - Probably yes
 - Definitely yes
33. **Are you in favor of banning smoking inside enclosed public places (such as schools, shops, cafes, restaurants, shopping malls, etc.)?**
- Yes
 - No
34. **Are you in favor of banning smoking at outdoor public places (such as playgrounds, sidewalks, entrances to buildings, parks, swimming pools, etc.)?**
- Yes
 - No

The next questions ask about getting cigarettes.

35. **The last time you smoked cigarettes during the past 30 days, how did you get them?**
- I did not smoke any cigarettes during the past 30 days
 - I bought them in a store or shop
 - I bought them from a street vendor
 - I bought them at a kiosk
 - I got them some other way
36. **During the past 30 days, did anyone refuse to sell you cigarettes because of your age?**
- I did not try to buy cigarettes during the past 30 days
 - Yes, someone refused to sell me cigarettes because of my age
 - No, my age did not keep me from buying cigarettes
37. **The last time you bought cigarettes during the past 30 days, how did you buy them?**
- I did not buy cigarettes during the past 30 days
 - I bought them in a pack
 - I bought individual sticks (singles)
 - I bought them in a carton
 - I bought them in rolls
 - I bought tobacco and rolled my own
38. **On average, how much do you think a pack of 20 cigarettes costs?**
- 0,5€ or less
 - 0,50 - 0,99€
 - 1 - 1,49 €
 - 1,5 - 1,99€
 - 2 - 2,49€

f. 2,5 - 2,99€

g. 3€ or more

39. **On the whole, do you find it easy or difficult to buy cigarettes from a shop?**

a. I do not usually buy cigarettes from a shop

b. Very difficult

c. Fairly difficult

d. Fairly easy

e. Very easy

40. **Can you purchase cigarettes near your school?**

a. Yes

b. No

c. I don't know

The next questions ask about your knowledge of messages that are **against** using tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco).

41. **During the past 30 days, did you see or hear any anti-tobacco media messages on television, radio, internet, billboards, posters, newspapers, magazines, or movies?**

a. Yes

b. No

42. **During the past 30 days, did you see or hear any anti-tobacco messages at sports events, fairs, concerts, or community events, or social gatherings?**

a. I did not go to sports events, fairs, concerts, or community events, or social gatherings in the past 30 days

b. Yes

c. No

43. **During the past 30 days, did you see any signs stating that adolescents are not allowed to buy any tobacco products?**

a. Yes

b. No

44. **During the past 30 days, did you see any health warnings on cigarette packages?**

a. Yes, but I didn't think much of them

b. Yes, and they led me to think about quitting smoking or not starting smoking

c. No

45. **During the past 12 months, were you taught in any of your classes about the dangers of tobacco use?**

a. Yes

b. No

c. I don't know

The next questions ask about your knowledge of advertisements or promotions for tobacco (might include cigarettes, other smoked tobacco, and smokeless tobacco).

46. **During the past 30 days, did you see any people using tobacco on TV, videos, or movies?**

a. I did not watch TV, videos, or movies in the past 30 days

b. Yes

c. No

47. **During the past 30 days, did you see any advertisements or promotions for tobacco products at points of sale (such as grocery stores, shops, kiosks, etc.)?**

a. I did not visit any points of sale in the past 30 days

b. Yes

c. No

48. **Would you ever use or wear something that has a tobacco company or tobacco product name or picture on it such as a lighter, t-shirt, hat, or sunglasses?**

a. Yes

b. Maybe

c. No

49. **Do you have something (for example, t-shirt, pen, backpack) with a tobacco product brand logo on it?**

a. Yes

b. No

50. **Has a person working for a tobacco company ever offered you a free tobacco product?**
a. Yes
b. No
51. **Before today, had you ever heard of electronic cigarettes or e-cigarettes? (Electronic cigarettes or e-cigarettes are battery-operated devices that simulate smoking a cigarette, but do not involve the burning of tobacco. The heated vapor produced by an e-cigarette often contains nicotine)**
a. Yes
b. No
52. **During the past 30 days, did you see or hear any advertisements or promotions for electronic cigarettes on TV, radio, internet or in the pharmacy?**
a. Yes
b. No

The next questions ask about your attitudes and beliefs about using tobacco.

53. **If one of your best friends offered you a tobacco product, would you use it?**
a. Definitely not
b. Probably not
c. Probably yes
d. Definitely yes
54. **At anytime during the next 12 months do you think you will use any form of tobacco?**
a. Definitely not
b. Probably not
c. Probably yes
d. Definitely yes
55. **Once someone has started smoking tobacco, do you think it would be difficult for them to quit?**
a. Definitely not
b. Probably not
c. Probably yes
d. Definitely yes
56. **Do you think smoking tobacco helps people feel more comfortable or less comfortable at celebrations, parties, or in other social gatherings?**
a. More comfortable
b. Less comfortable
c. No difference whether smoking or not
57. **Do you agree or disagree with the following: "I think I might enjoy smoking a cigarette."**
a. I currently smoke cigarettes
b. Strongly agree
c. Agree
d. Disagree
e. Strongly disagree
58. **Do you think smoking tobacco is harmful to your health?**
a. Definitely not
b. Probably not
c. Probably yes
d. Definitely yes
59. **Does your parents smoke?**
a. None
b. Both
c. Only father
d. Only mother
e. Don't know
60. **Does some of your close friends smoke?**
a. None
b. Some of them
c. Most of them
d. All of them
61. **Do you think that youth who smoke cigarettes have more friends?**
a. More friends

- b. Less friends
- c. No difference comparing to non-smokers
- 62. **Do you think that youth who smoke cigarettes look more or less attractive?**
 - a. More attractive
 - b. Less attractive
 - c. No difference comparing to non-smokers
- 63. **During school hours, how often do you see teachers smoking in the school building?**
 - a. About every day
 - b. Sometimes
 - c. Never
 - d. Don't know
- 64. **During school hours, how often do you see teachers smoking outdoors on school premises?**
 - a. About every day
 - b. Sometimes
 - c. Never
 - d. Don't know

Thank you for participating in the survey!

