

SUMMARY RESULTS OF THE GLOBAL YOUTH TOBACCO SURVEY

IN SELECTED COUNTRIES OF
THE WHO EUROPEAN REGION



Abstract

The Global Youth Tobacco Survey (GYTS) is one of the globally standardized surveys of the Global Tobacco Surveillance System. The GYTS is a school-based survey that collects data on tobacco use among young people in grades associated with ages 13–15 years and key tobacco-control indicators. This publication summarizes the results of descriptive analyses of GYTS data from 25 countries in the WHO European Region. The findings are presented in illustrative manner to encourage dialogue among public health specialists, representatives from different sectors and decision-makers to accelerate tobacco-control programmes and implementation of WHO Framework Convention on Tobacco Control measures at country level.

Keywords

GLOBAL YOUTH TOBACCO SURVEY
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CIGARETTE SMOKING
SMOKELESS TOBACCO
E-CIGARETTES
SECONDHAND SMOKE
CESSATION
TOBACCO ADVERTISEMENTS
KNOWLEDGE AND ATTITUDES

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Contents

Acknowledgements	iv
Introduction	1
Global Youth Tobacco Survey (GYTS) summary	2
Results	3
Tobacco use	4
Tobacco-use cessation	12
Exposure to second-hand smoke	14
Access to, and availability of, cigarettes	17
Tobacco advertising	19
Awareness of anti-tobacco messages in the media	22
Knowledge and attitudes	23
Conclusions	25
References	27
Annex 1. Indicators and their description	28
Annex 2. List of countries by year of completion of GYTS rounds in the WHO European Region, 2002–2019	29

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Introduction

Every year, tobacco use kills more than 8 million people worldwide, more than 7 million from direct use and around 1.2 million as a result of second-hand smoke exposure among non-smokers. Of those who die from illnesses attributable to second-hand smoke, 65 000 are children (1,2).

Most adult smokers begin to smoke during adolescence, with 88% of first use of cigarettes occurring before the age of 18 years (3). Nicotine, a key ingredient of tobacco products, is highly addictive. Signs of nicotine addiction tend to appear faster and at lower levels of nicotine consumption among adolescents (4). Results of a meta-analysis that included data from surveys conducted in Australia, New Zealand, the United States of America and the United Kingdom show that over two thirds of people who try one cigarette become, at least temporarily, daily smokers (5). Cigarette-smoking has almost immediate effects on health, including impairment of the respiratory and cardiovascular systems. Cigarette-smoking in adolescence also accelerates development of chronic diseases across the full life-course (3).

Most countries have ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) (6) to address the global tobacco epidemic among population groups, including prevention of tobacco-use initiation among young people. To strengthen WHO FCTC implementation, countries have established specific tobacco-use prevalence-reduction targets and incorporated tobacco-control interventions in their national programmes and strategies. The continuous systematic collection, analysis, interpretation and communication of data is essential to documenting progress towards reaching tobacco-control targets and informing tobacco-control policies. Population-based tobacco-control surveillance can record the impact of national tobacco-control policies.

The Global Youth Tobacco Survey (GYTS) is part of the Global Tobacco Surveillance System. It is specifically designed to monitor tobacco use among young people aged 13–15 years and key tobacco-control indicators. The GYTS provides standardized data to observe prevalence and trends of tobacco use within and across countries. Support for GYTS is provided by the Centers for Disease Control and Prevention's Global Tobacco Control Programs to 180 countries/entities around the globe, along with WHO and country-level partners.

This publication is based on a review of recently published data on tobacco use in young people. To give a region-wide perspective of tobacco-control indicators over the years where available, data from the latest GYTS data collection are compared with data from the previous rounds of GYTS. For newer indicators or those for which the definition was changed, the results of only the latest survey are used. The report summarizes information on selected tobacco-control indicators from the GYTS conducted in 25 countries¹ of the WHO European Region between 2002 and 2019 (7). Statistical testing of differences between reported estimates was not performed, but statistical test results comparing genders were available and are indicated in country GYTS fact sheets (7). The definitions of all indicators used for analysis can be found in Annex 1 and the list of countries in this report and their respective GYTS data-collection years are presented in Annex 2.

1 Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).

Global Youth Tobacco Survey (GYTS) summary

The GYTS is a nationally representative, cross-sectional school-based survey of students in grades associated with ages 13–15 years. The survey is designed to produce cross-sectional estimates and is implemented routinely every 4–5 years by each country to generate data comparable within and across countries.

The GYTS sampling methodology uses a multistage sampling design in which schools are selected with a probability that is proportional to their student enrolment size in grades associated with ages 13–15 years. The classes within selected schools are selected randomly and all students in selected classes are eligible to participate in the survey (8). With slight variations across countries, passive parental consent is used for GYTS. Parents are notified about the survey prior to its administration using parent-notification forms.

GYTS uses a standard questionnaire that includes core (asked by all countries) and optional questions that can be adapted to meet the needs of the countries in measuring and tracking key tobacco-control indicators (9). The questionnaire covers the following topics: tobacco use, cessation, second-hand smoke exposure, exposure to pro- and anti-tobacco media and advertising, availability and access to tobacco products, and knowledge and attitudes regarding tobacco use.

The questionnaire is self-administered and anonymous. Each student provides responses on pre-printed standardized data-collection forms with answer choices that need to be filled in. The completed forms are later scanned and processed. Scanned data undergo a data-cleaning process. Because data collections involve a multistage sampling design, the weighting for GYTS data involves a three-step process. Each data record is weight-adjusted for school, class and student non-response. All respondent-specific records are adjusted for grade and gender/sex stratification. More information about the GYTS survey methods can be found elsewhere (7).

Results

The latest three rounds of GYTS surveys undertaken by countries are summarized and trends presented where possible. Trend data were not available for newer topics, so results only from the latest survey per country were used.



Tobacco use

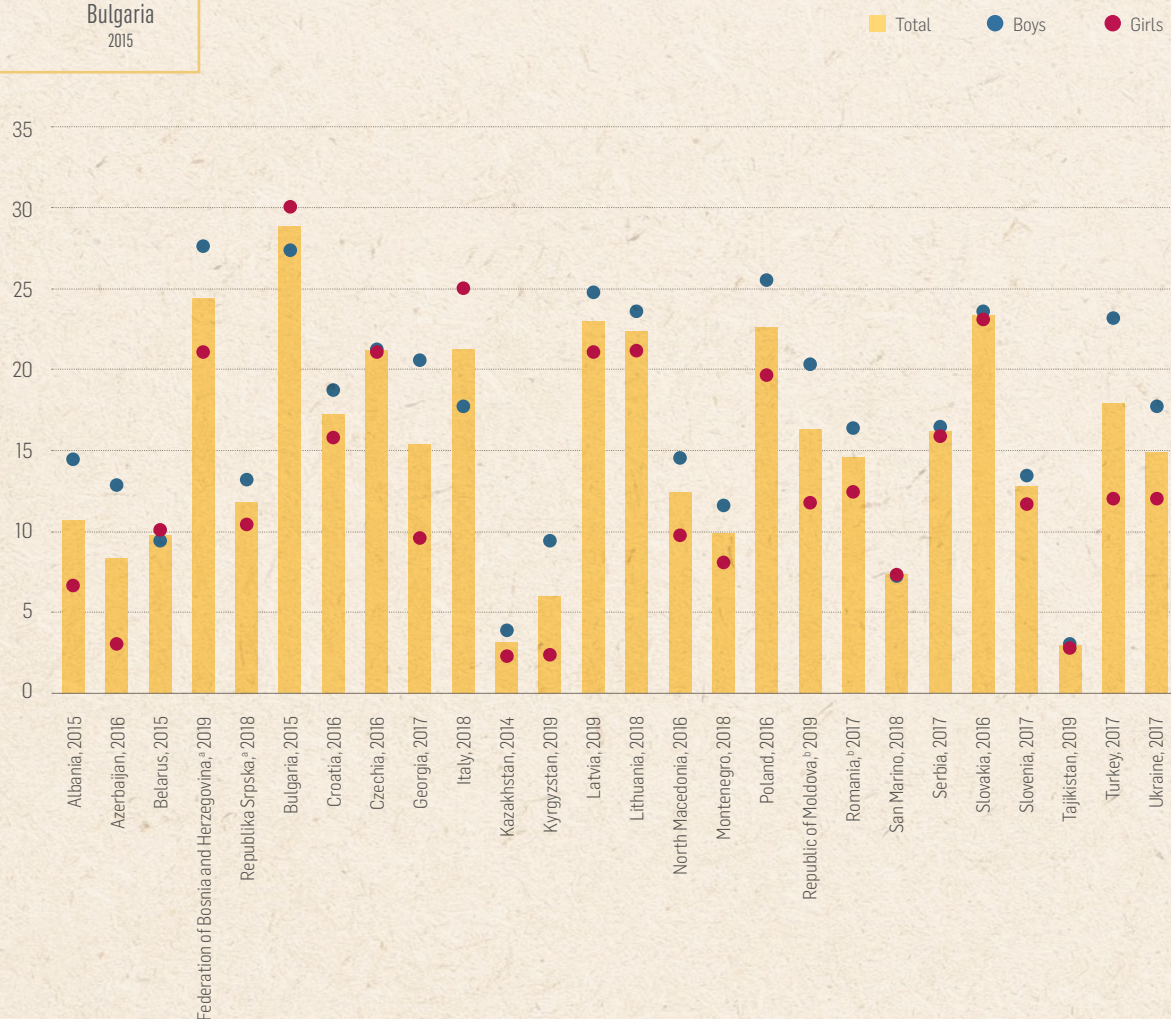
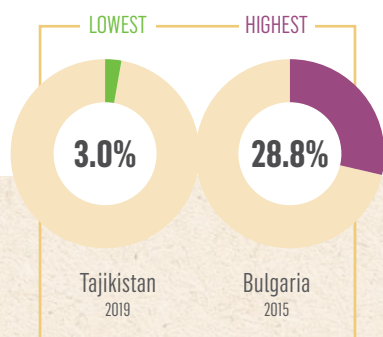
Current use of any tobacco product

Fig. 1. Prevalence of current tobacco users among students aged 13–15 years in 25 countries of the WHO European Region, overall and by sex (%)

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).
^b Includes heated tobacco products.

Tobacco use among young people aged 13–15 years varies from country to country. The prevalence of any tobacco product being used ranged from 28.8% in Bulgaria (2015) to 3.0% in Tajikistan (2019) (Fig. 1).

Current tobacco use, defined as any tobacco use anytime in the last 30 days, was significantly higher among boys than girls in 12 of the 25 countries (and for Bosnia and Herzegovina, the Federation of Bosnia and Herzegovina only). The rest of the countries either reported no differences by sex (12 countries and for Bosnia and Herzegovina, Republika Srpska only) or registered a significantly higher prevalence among girls compared to boys (one country – Italy).



Source: data from the most recent GYTS.

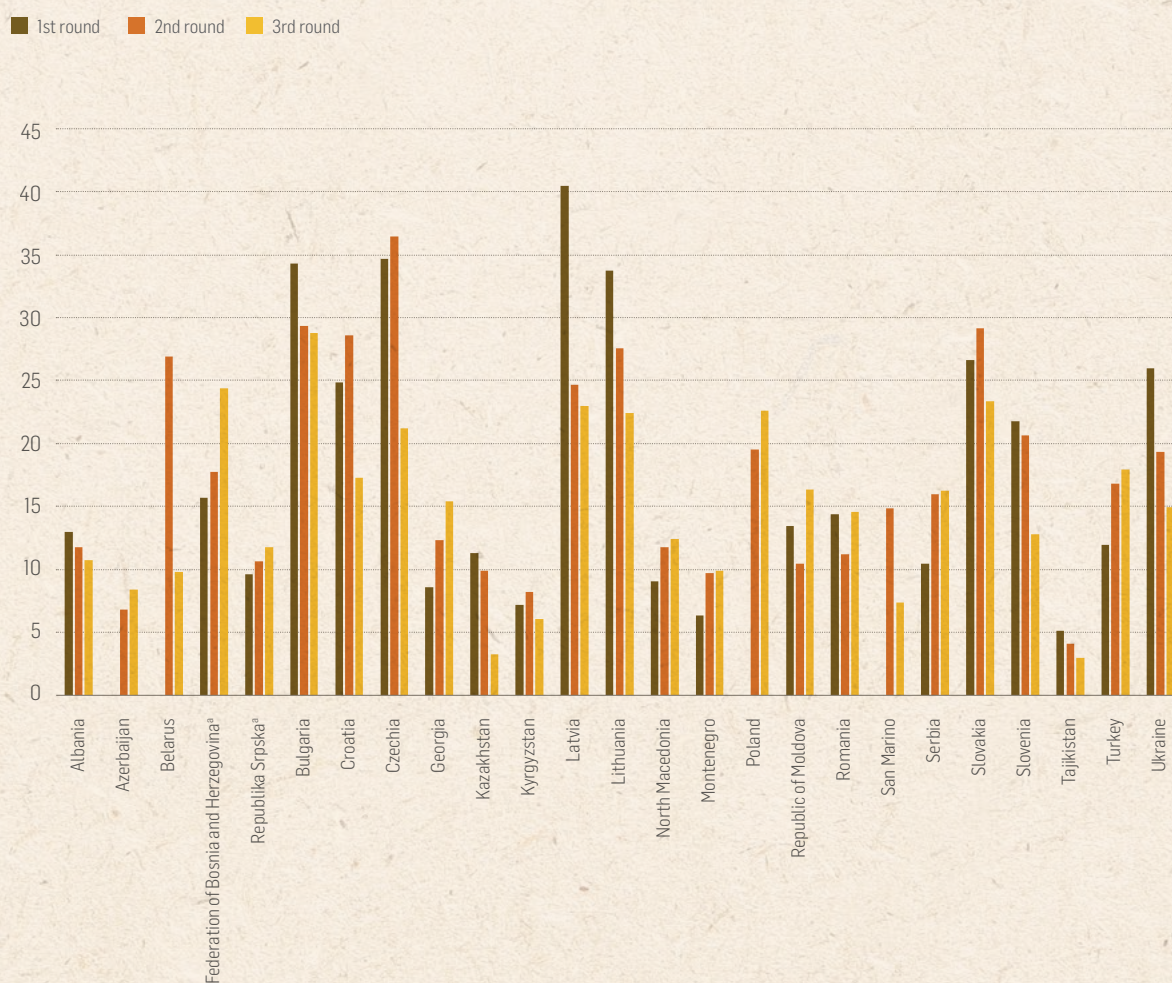
Current use of any tobacco products based on the latest and previous survey years

In 14 countries out of 24 that had data from previous rounds, a decline in tobacco use among young people from the first data-collection period to the last is apparent, with larger differences seen in Belarus (26.9% in 2004 and 9.8% in 2015), Latvia (40.5% in 2011 and 23.0% in 2019) and Czechia (34.7% in 2007 and 21.2% in 2016) (Fig. 2).

In the remaining 10 countries, the prevalence of tobacco use appeared to either have stayed the same or increased over time. In Bosnia and Herzegovina (the Federation of Bosnia and Herzegovina), the prevalence of tobacco use was 15.7% in 2008 and 24.4% in 2019. In the Republic of Moldova, the prevalence of tobacco use was 13.4% in 2008 and 16.3% in 2019.

Fig. 2. Prevalence of current tobacco use among students aged 13–15 years in 24 countries of the WHO European Region, over time (%)

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).



Source: data from GYTS (where available).

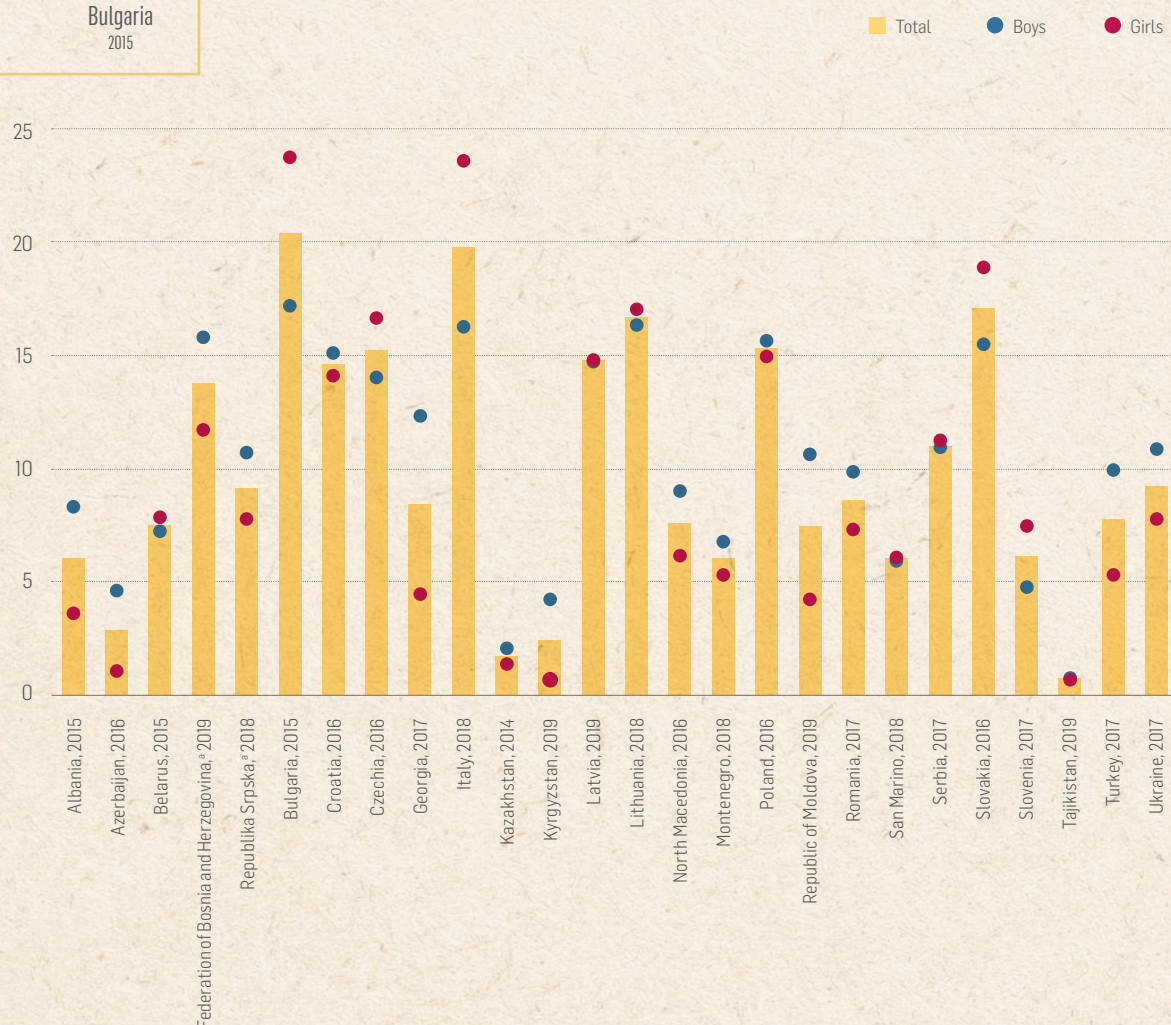
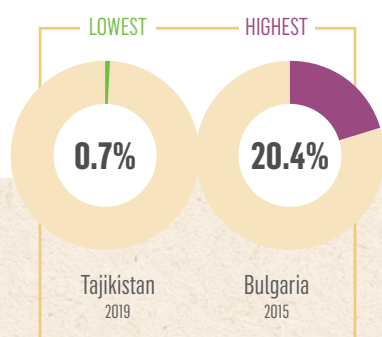
Current cigarette smoking

Fig. 3. Prevalence of current cigarette-smoking among students aged 13–15 years in 25 countries of the WHO European Region, overall and by sex (%)

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).

Prevalence rates of current cigarette smoking varied widely, ranging overall from 0.7% in Tajikistan (2019) to 20.4% in Bulgaria (2015). Rates higher than 15% were also observed in Italy (19.8%, 2018), Slovakia (17.1%, 2016) and Lithuania (16.7%, 2018) (Fig. 3).

In more than one third of the observed countries (nine out of 25), the prevalence rates of cigarette smoking were significantly higher among boys than girls. Three countries reported significantly higher rates in girls. The highest prevalence rates of current cigarette-smoking among girls were found in Italy (23.6% for girls versus 16.2% for boys, 2018) and Bulgaria (23.7% versus 17.2%, 2015). No statistically significant difference between sexes was found in the remaining countries.



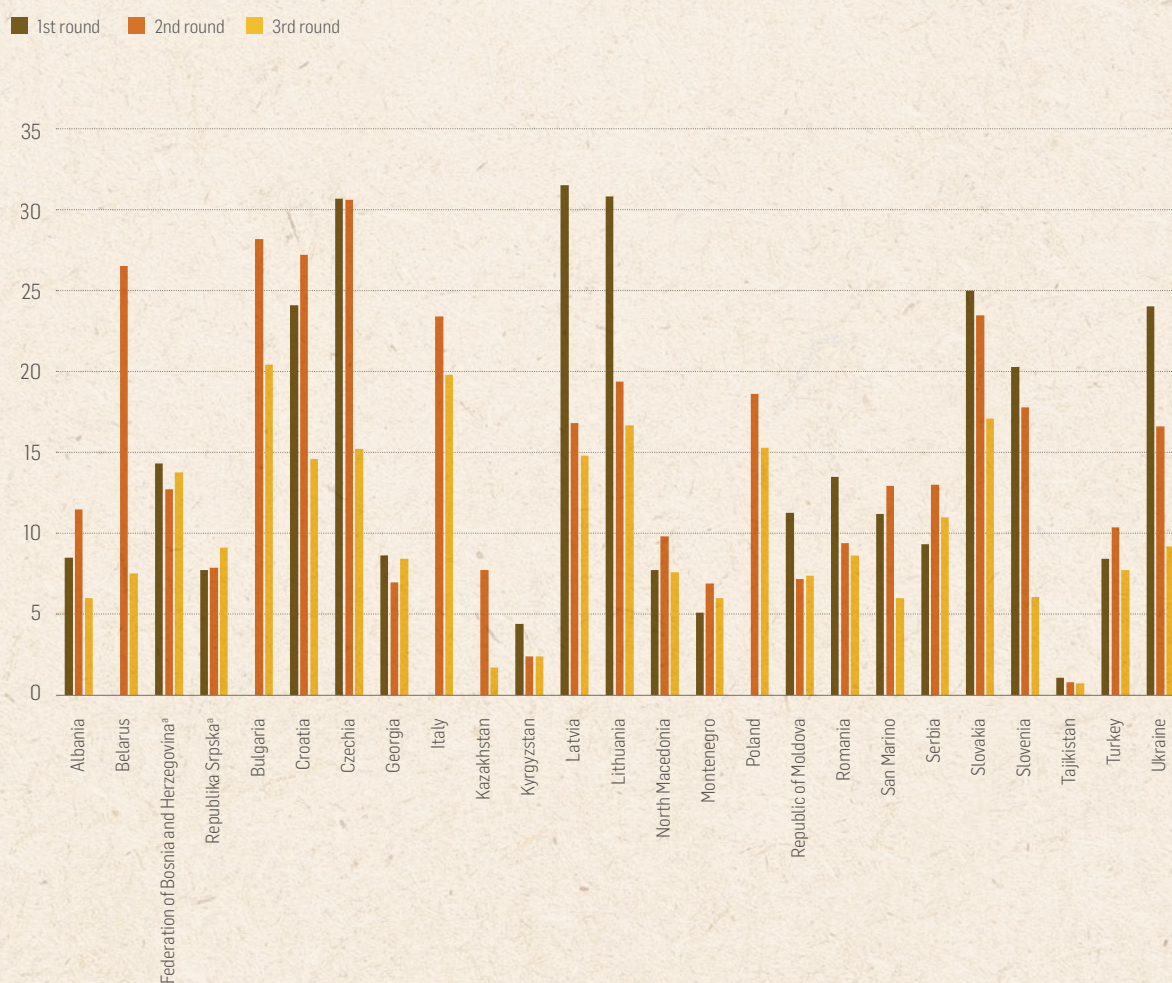
Source: data from the most recent GYTS.

Current cigarette-smoking based on the latest and previous survey years

Prevalence of current cigarette-smoking over the period 2002–2019 appears to have decreased in 18 of 24 countries. Bigger differences were observed in Czechia (30.7% in 2007 and 15.2% in 2016), Croatia (24.1% in 2007 and 14.6% in 2016), Latvia (31.5% in 2011 and 14.8% in 2019), Lithuania (30.8% in 2009 and 16.7% in 2018) and Slovenia (20.3% in 2007 and 6.1% in 2017). In the remaining six countries, the prevalence appears to have stayed the same or has increased slightly over the years (Fig. 4).

Fig. 4. Prevalence of current cigarette-smoking among students aged 13–15 years in 24 countries of the WHO European Region, over time (%)

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).



Source: data from the latest three GYTS rounds (where available).

Current smoking of other tobacco products

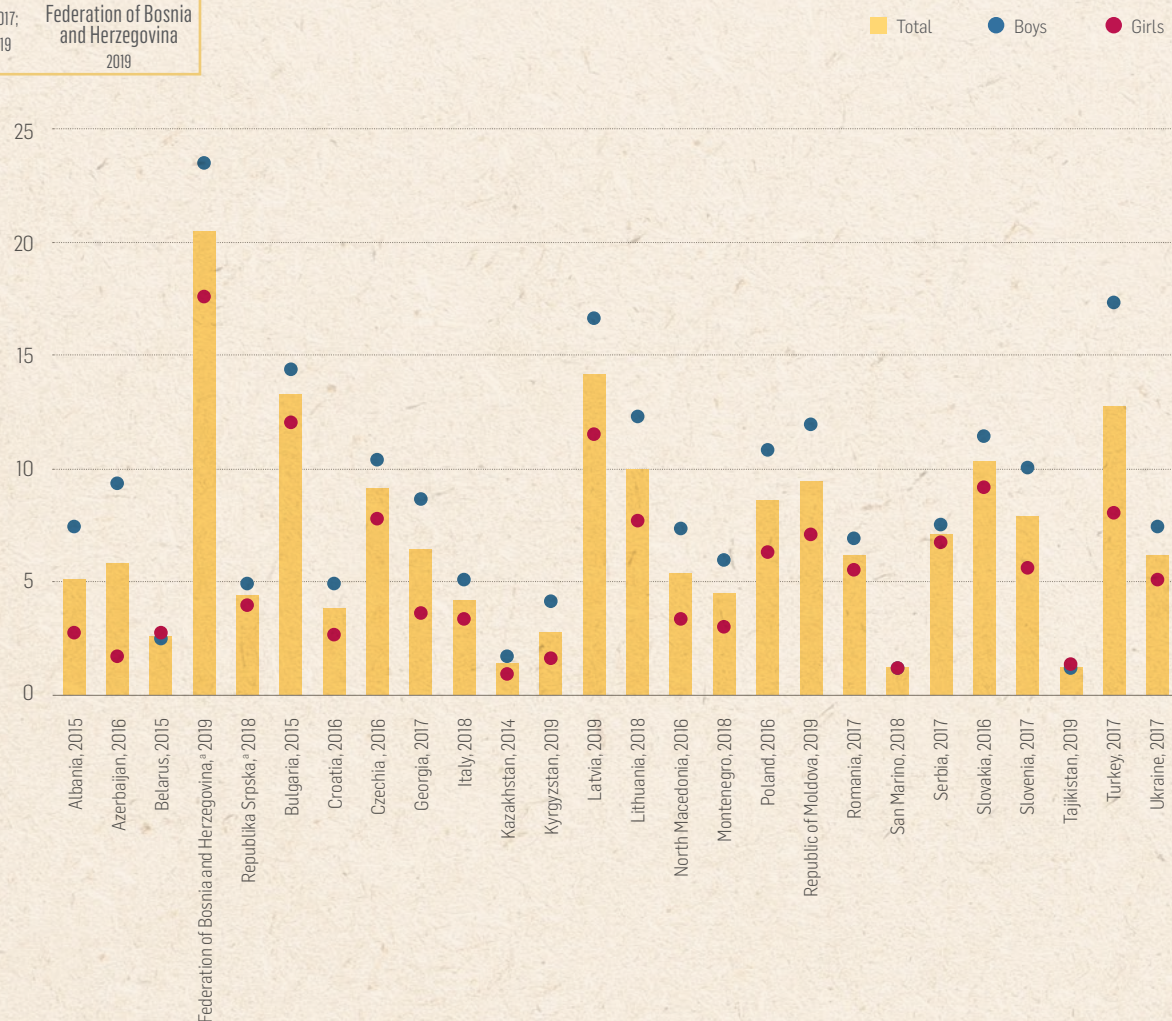
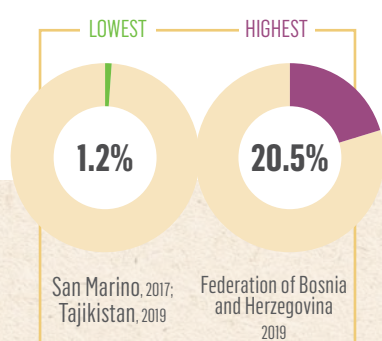
Fig. 5. Prevalence of current smoking of tobacco products (other than cigarettes) among students aged 13–15 years in 25 countries of the WHO European Region, overall and by sex (%)

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).

Rates of current smoking of tobacco products other than cigarettes (including pipes, water pipes, cigars and bidis) ranged from 20.5% in Bosnia and Herzegovina (the Federation of Bosnia and Herzegovina, 2019) to 1.2% in San Marino (2018) and Tajikistan (2019). High rates were also seen in Latvia (14.2%, 2019), Bulgaria (13.3%, 2015) and Turkey (12.8%, 2017) (Fig. 5).

The most popular product in this group in some countries was water pipe/narguila/shisha. In Bosnia and Herzegovina (the Federation of Bosnia and Herzegovina), 16.1% had smoked a water pipe at some time during the past 30 days. In Latvia, 3.5% currently used this type of tobacco product.

A higher proportion of boys smoked tobacco products other than cigarettes compared to girls in more than half of countries (14 of 25 (for Bosnia and Herzegovina, the Federation of Bosnia and Herzegovina only)).



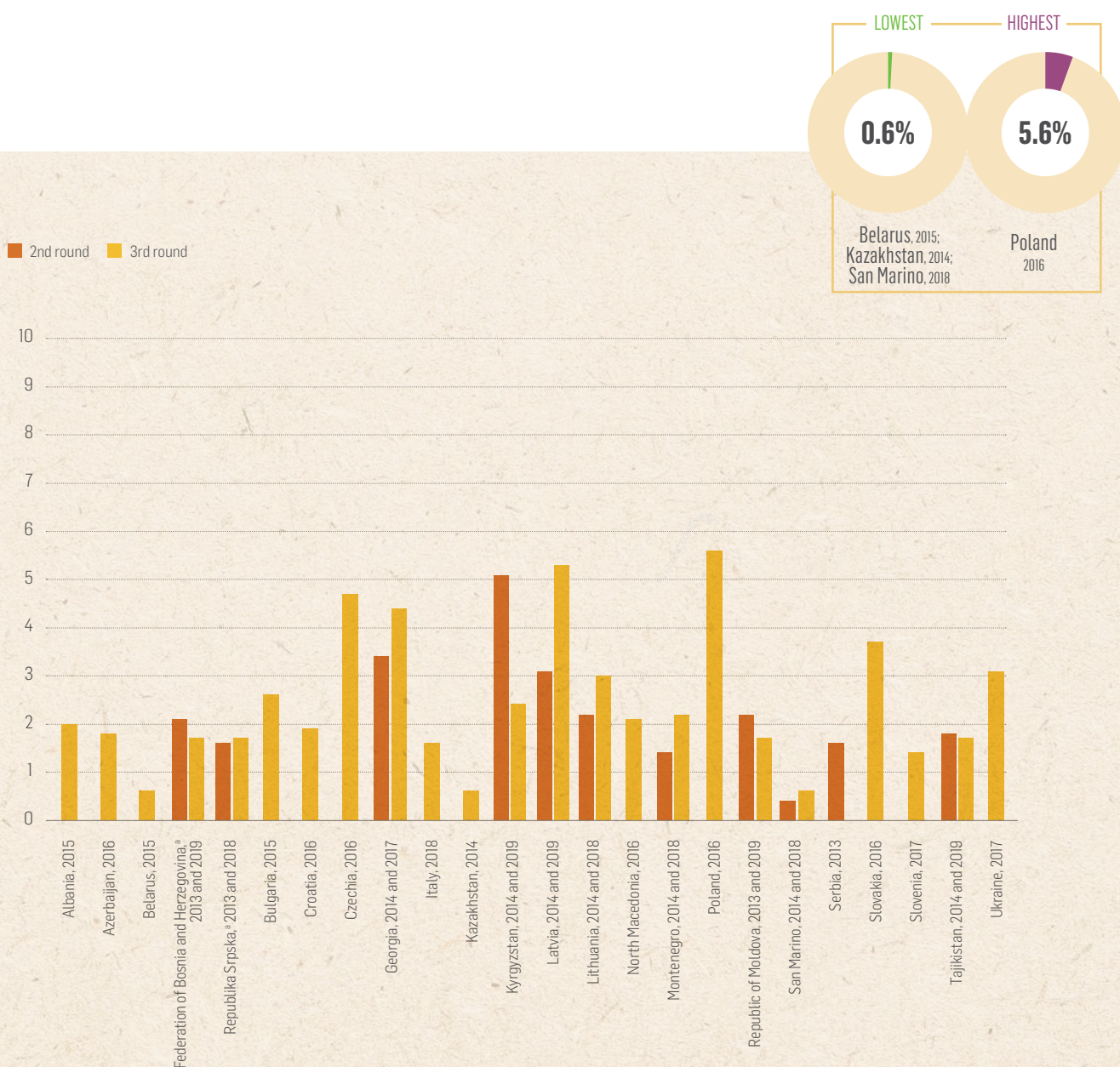
Source: data from the most recent GYTS.

Current use of smokeless tobacco

In countries that assessed the current use of smokeless tobacco (such as snuff, nasvay, gutka and chewing tobacco), rates ranged from 5.6% in Poland (2016) to 0.6% in Belarus (2015), Kazakhstan (2014) and San Marino (2018). A comparatively high prevalence of current use of smokeless tobacco was also observed in Latvia (5.3%, 2019), Czechia (4.7%, 2016) and Georgia (4.4%, 2017) (Fig. 6).

Fig. 6. Prevalence of current use of smokeless tobacco among students aged 13–15 years in 23 countries of the WHO European Region (%)

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).



Source: data from the latest two GYTS rounds (where available).

Current use of e-cigarettes

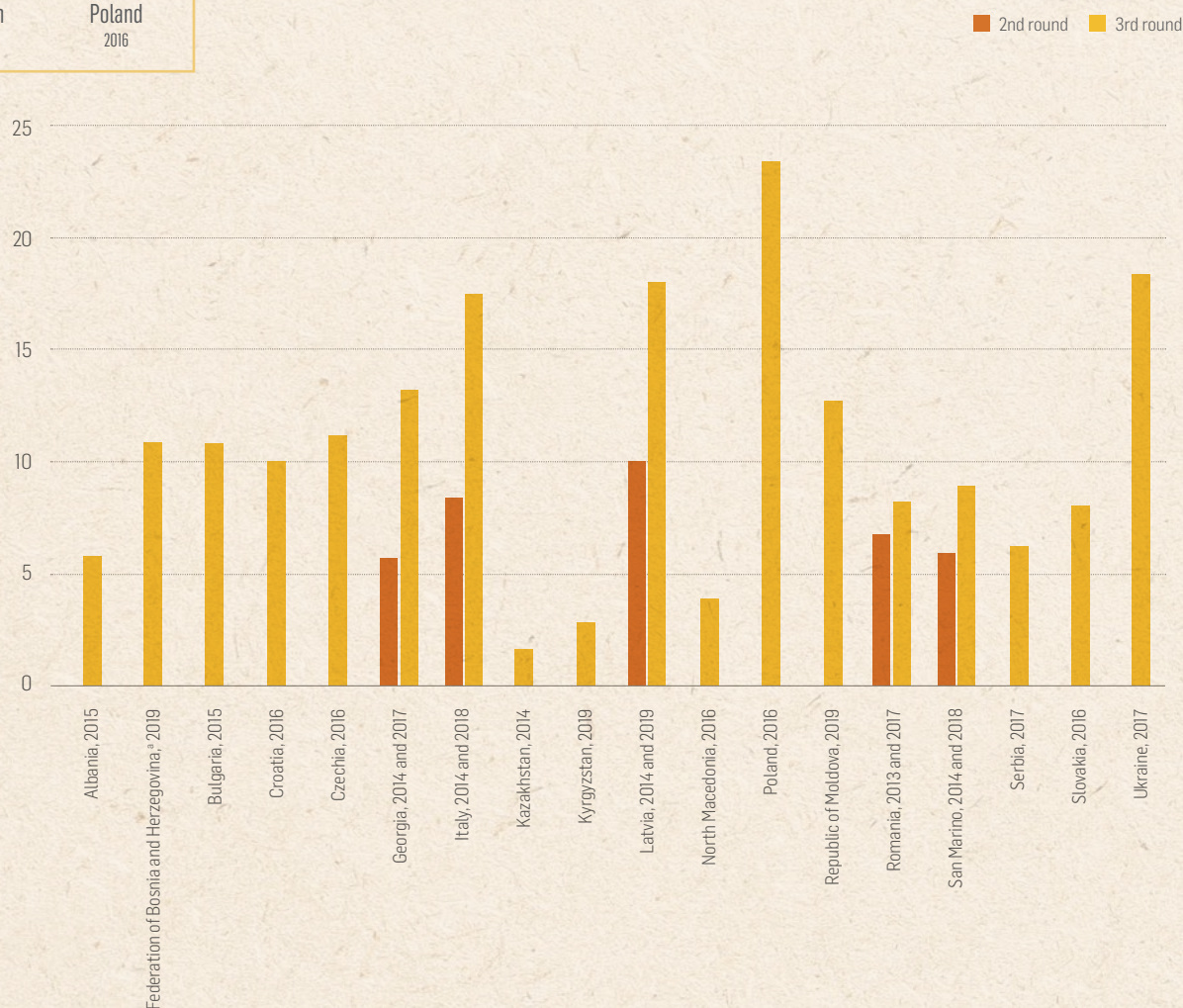
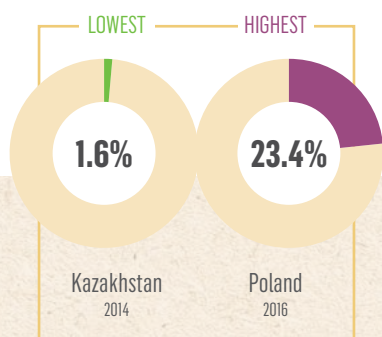
Fig. 7. Prevalence of current use of e-cigarettes among students aged 13–15 years in 18 countries of the WHO European Region (%)

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina).

E-cigarettes are relatively new products on the market, and not all countries have assessed their use in GYTS. To date, 18 countries (including one study site in Bosnia and Herzegovina (the Federation of Bosnia and Herzegovina)) have evaluated prevalence of current use of e-cigarettes in the latest round of GYTS, and only five countries have data from two survey rounds.

The highest prevalence of current e-cigarette use was reported in Poland (23.4%, 2016), Ukraine (18.4%, 2017), Latvia (18.0%, 2019) and Italy (17.5%, 2018), and the lowest was found in Kazakhstan (1.6%, 2014) and Kyrgyzstan (2.8%, 2019) (Fig. 7).

Where data were available from at least two rounds of GYTS, there appears to be an increase over time in the use of e-cigarettes.



Source: data from the latest two GYTS rounds (where available).

Susceptibility to future tobacco use

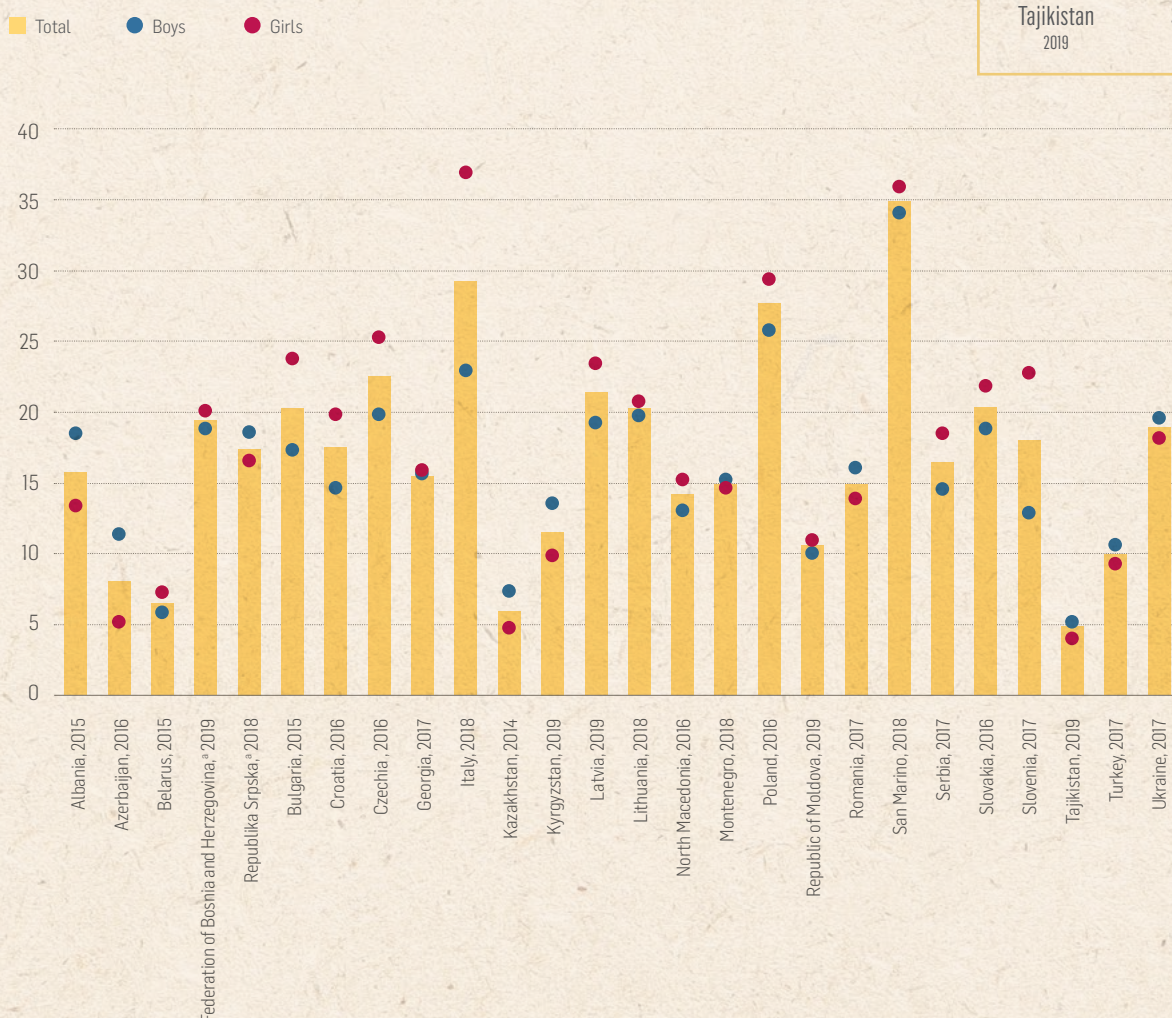
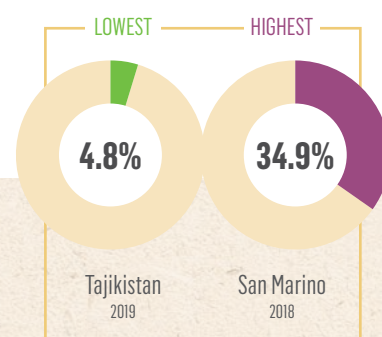
Susceptibility to future use refers to students who have never used any tobacco products but who reported that they may use tobacco during the next 12 months, or who may use it if one of their best friends offered it to them.

In almost one third of countries that implemented GYTS (eight of 25), 20% or more of students who had never used tobacco were susceptible to using it in the future (defined as 12 months) if offered by a friend. The susceptibility percentage ranged from 34.9% in San Marino (2018) to 4.8% in Tajikistan (2019) (Fig. 8).

Susceptibility to tobacco-use initiation in the next year was significantly higher among girls than boys in seven of 25 countries. The highest differences were in Italy (14.0%, 2018) and in Slovenia (9.9%, 2017). In four countries (Albania, Azerbaijan, Kazakhstan and Kyrgyzstan), susceptibility among boys was significantly higher than among girls. No sex differences were seen in the remaining 14 countries.

Fig. 8. Percentage of students aged 13–15 years in 25 countries of the WHO European Region who are susceptible to future tobacco use, overall and by sex

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).



Source: data from the most recent GYTS.

Tobacco-use cessation

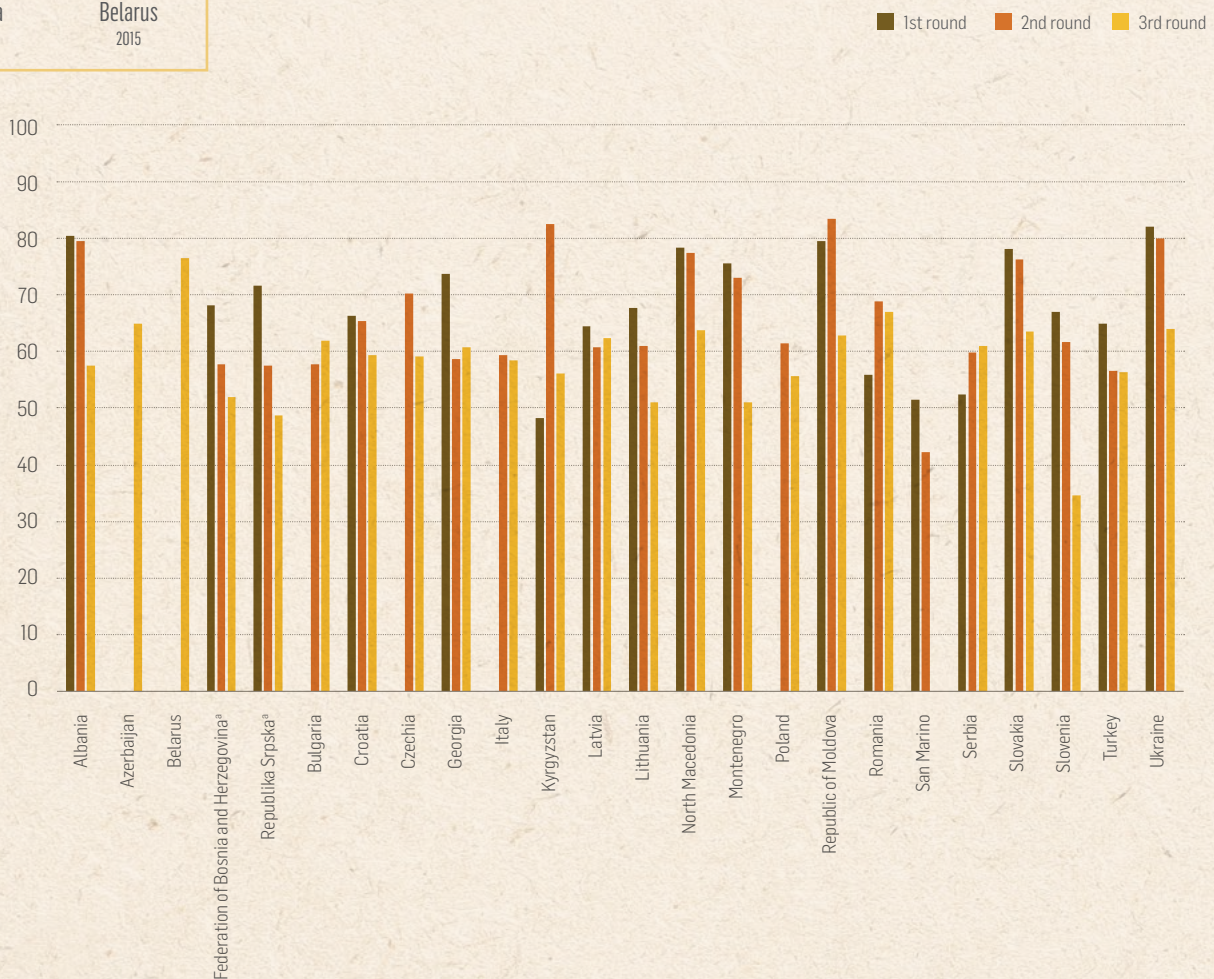
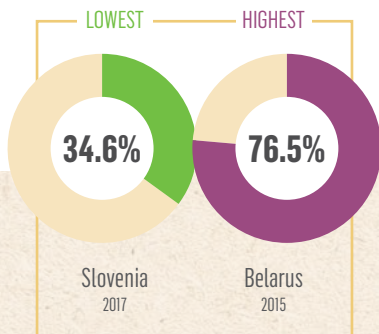
Quit attempts

Fig. 9. Percentage of current smokers among students aged 13–15 years in 23 countries of the WHO European Region who tried to stop smoking during the past year, over time

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).

In the majority of countries (21 out of 23), the latest round of the GYTS survey shows that more than 50% of current-smoking students tried to stop smoking in the past 12 months. The highest percentage of quit attempts among current-smoking young people was reported in Belarus (76.5%, 2015) and the lowest in Slovenia (34.6%, 2017) (Fig. 9).

There appears to be a downward trend in the proportion of current smokers who tried to quit smoking in the past 12 months in most of the countries that assessed this behaviour in the last two or three rounds of GYTS. The greatest difference appeared to be in Slovenia, where 67% of current smokers tried to quit in the first round of the survey (2007) and only 34.6% in the last (third) round (2017).



Source: data from the latest three GYTS rounds (where available).

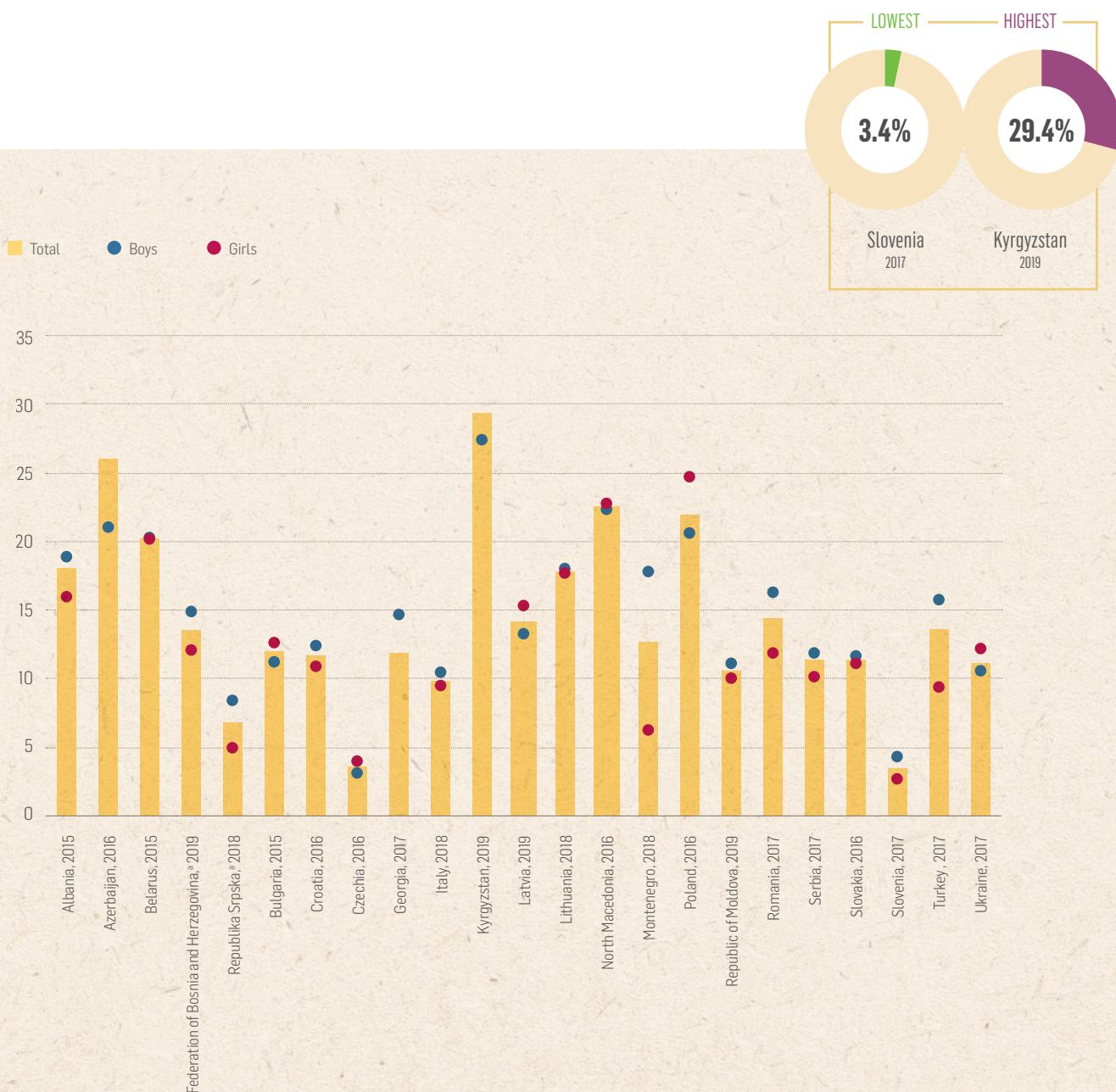
Help to stop smoking

In countries that assessed the proportion of current smokers who reported receiving supportive help/advice to quit smoking from a programme or professional, the rates ranged from the highest percentage of 29.4% in Kyrgyzstan (2019) to the lowest of 3.4% in Slovenia (2017) and 3.5% in Czechia (2016) (Fig. 10).

A significantly higher proportion of boys than girls received help/advice to stop smoking from a programme or professional in Montenegro (2018) and Turkey (2017). No significant difference between sex groups was found in other countries.

Fig. 10. Percentage of current smokers aged 13–15 years in 22 countries of the WHO European Region who received support to quit smoking, overall and by sex

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).



Source: data from the most recent GYTS.

Exposure to second-hand smoke

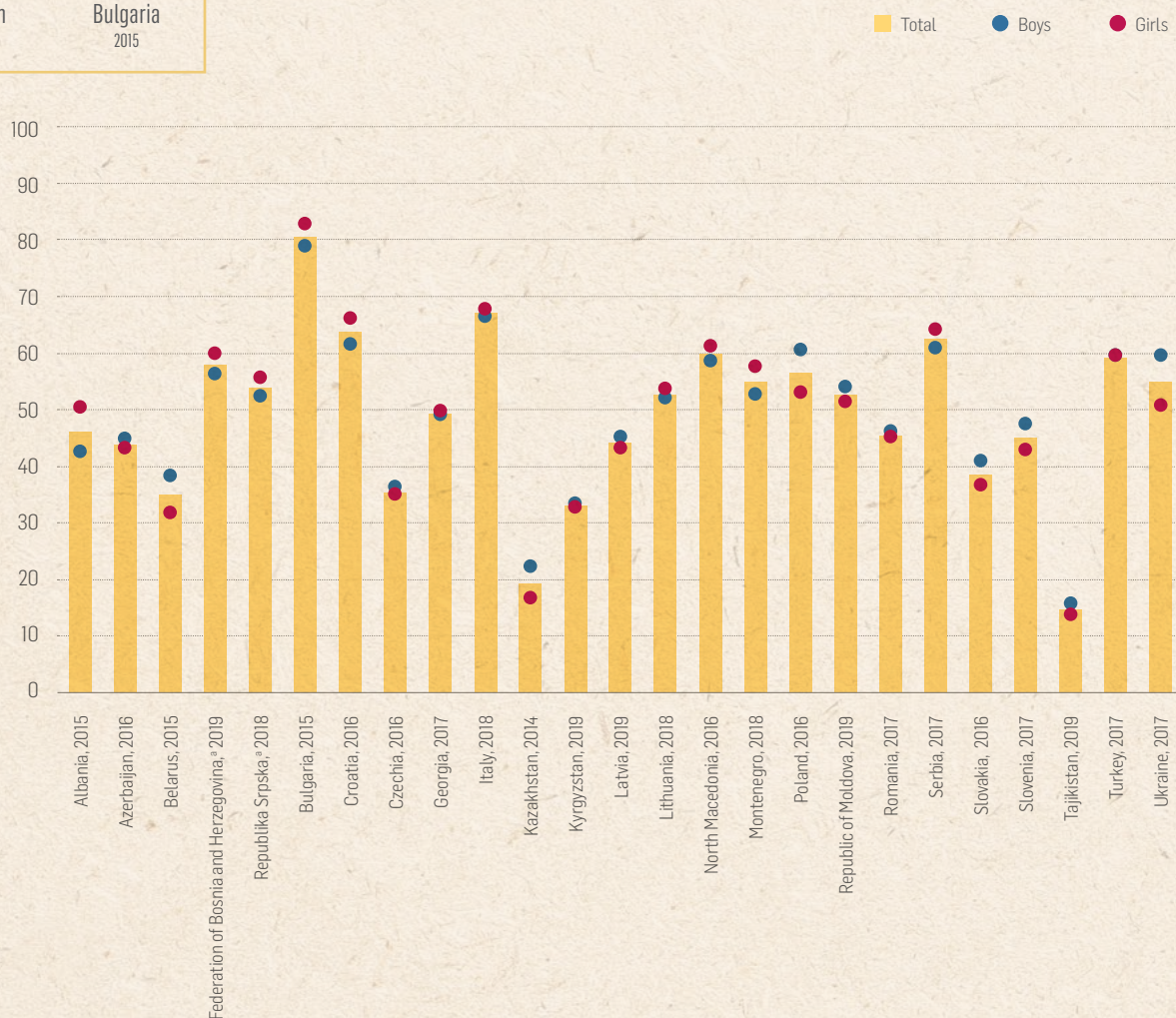
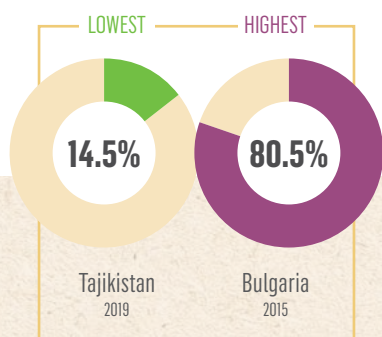
Exposure to tobacco smoke at school

Fig. 11. Percentage of students aged 13–15 years in 24 countries of the WHO European Region who have been exposed to tobacco smoke on school property, overall and by sex

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).

The proportion of students who saw anyone smoke inside the school building or outside on school property differed across countries. The highest proportion was in Bulgaria (2015), where eight out of 10 students saw someone smoking on school premises, and the lowest was in Tajikistan (2019), with 14.5% (Fig. 11).

Three countries (Albania, Montenegro and Serbia) out of 24 had a significantly higher proportion of girls who noticed anyone smoking on school premises, while in another three (Poland, Slovakia and Ukraine), the proportion was higher among boys. No significant differences were observed between sexes in the remaining countries.



Source: data from the most recent GYTS (were available).

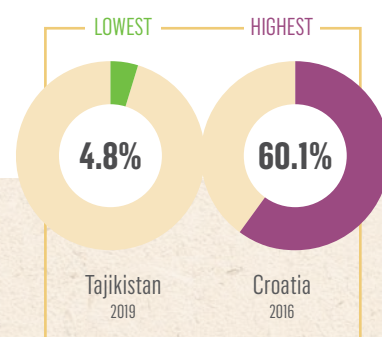
Exposure to tobacco smoke at home

Based on data from the latest round of GYTS, exposure to tobacco smoke at home ranged from 60.1% in Croatia (2016) to 4.8% in Tajikistan (2019) (Fig. 12).

Exposure to second-hand tobacco smoke at home appears to have decreased in most countries. The biggest difference between the survey years seems to be in Albania (84.8% in 2004, 49.7% in 2009 and 32.5% in 2015) and North Macedonia (91.9% in 2003, 67.5% in 2008 and 46.2% in 2016). In some countries (seven out of 25), the prevalence of exposure appeared either to have remained the same (Italy and San Marino) or increased (the Republic of Moldova: 20.3% in 2008, 26.7% in 2013 and 28.3% in 2019).

Fig. 12. Prevalence of tobacco exposure at home among students aged 13–15 years in 25 countries of the WHO European Region, over time (%)

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).



Source: data from the most recent GYTS (were available).

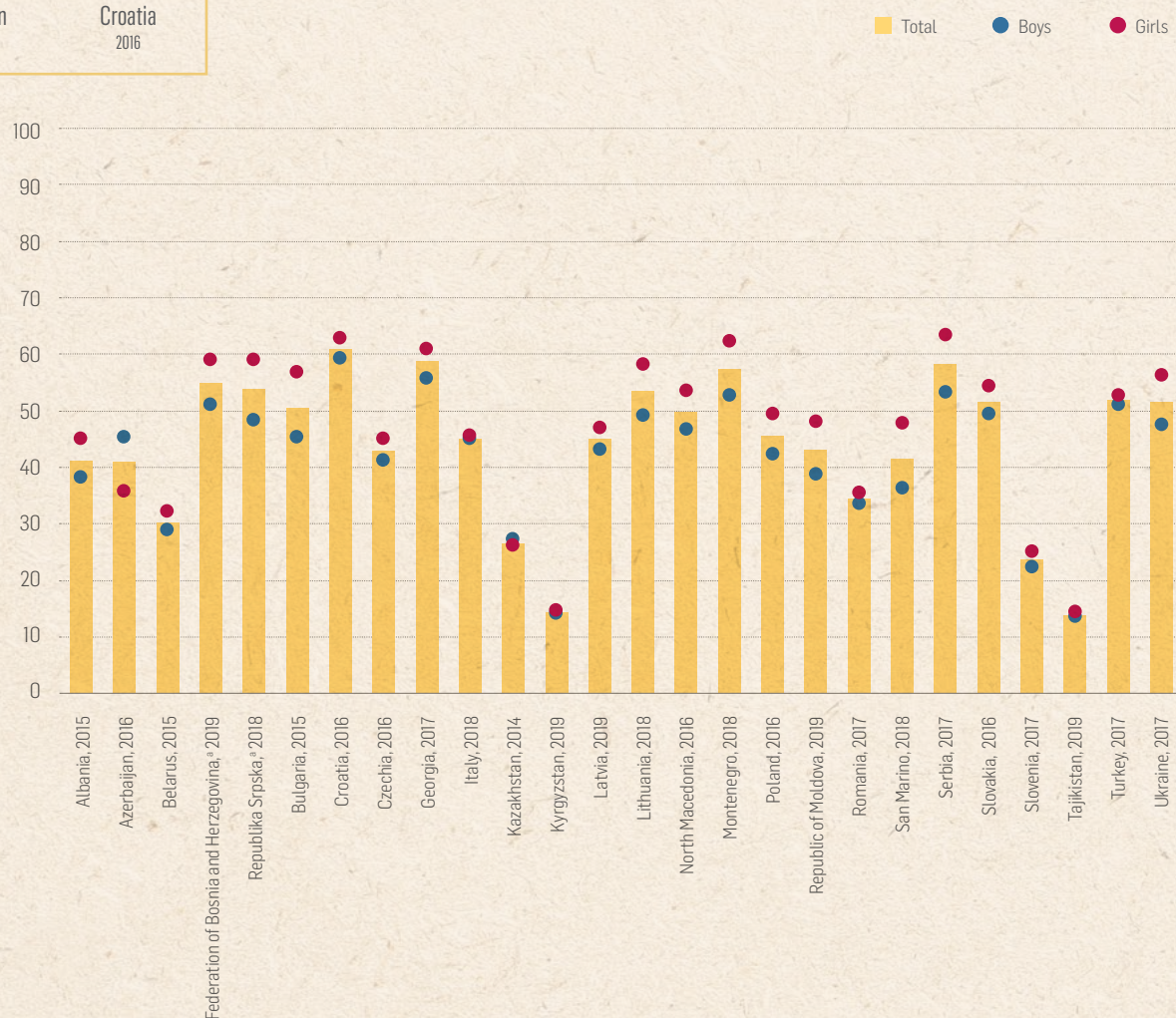
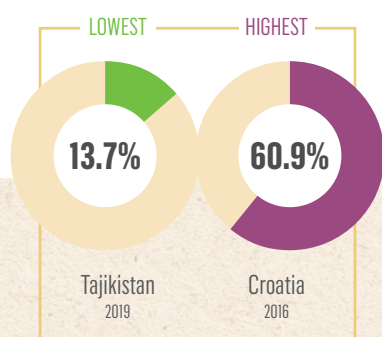
Exposure to second-hand smoke in enclosed public places

Fig. 13. Prevalence of students aged 13–15 years in 25 countries of the WHO European Region who were exposed to second-hand smoke in public places, over time (%)

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).

Prevalence of exposure to second-hand smoke in enclosed public places (such as schools, shops, restaurants, shopping malls and cinemas) in the past seven days ranged from 60.9% in Croatia (2016) to 13.7% in Tajikistan (2019) (Fig. 13).

In almost half of the countries (12 of the 25), exposure to second-hand smoke in enclosed public places was significantly higher among girls than boys. In one country (Azerbaijan), it was significantly higher among boys.



Source: data from the most recent GYTS.

Access to, and availability of, cigarettes

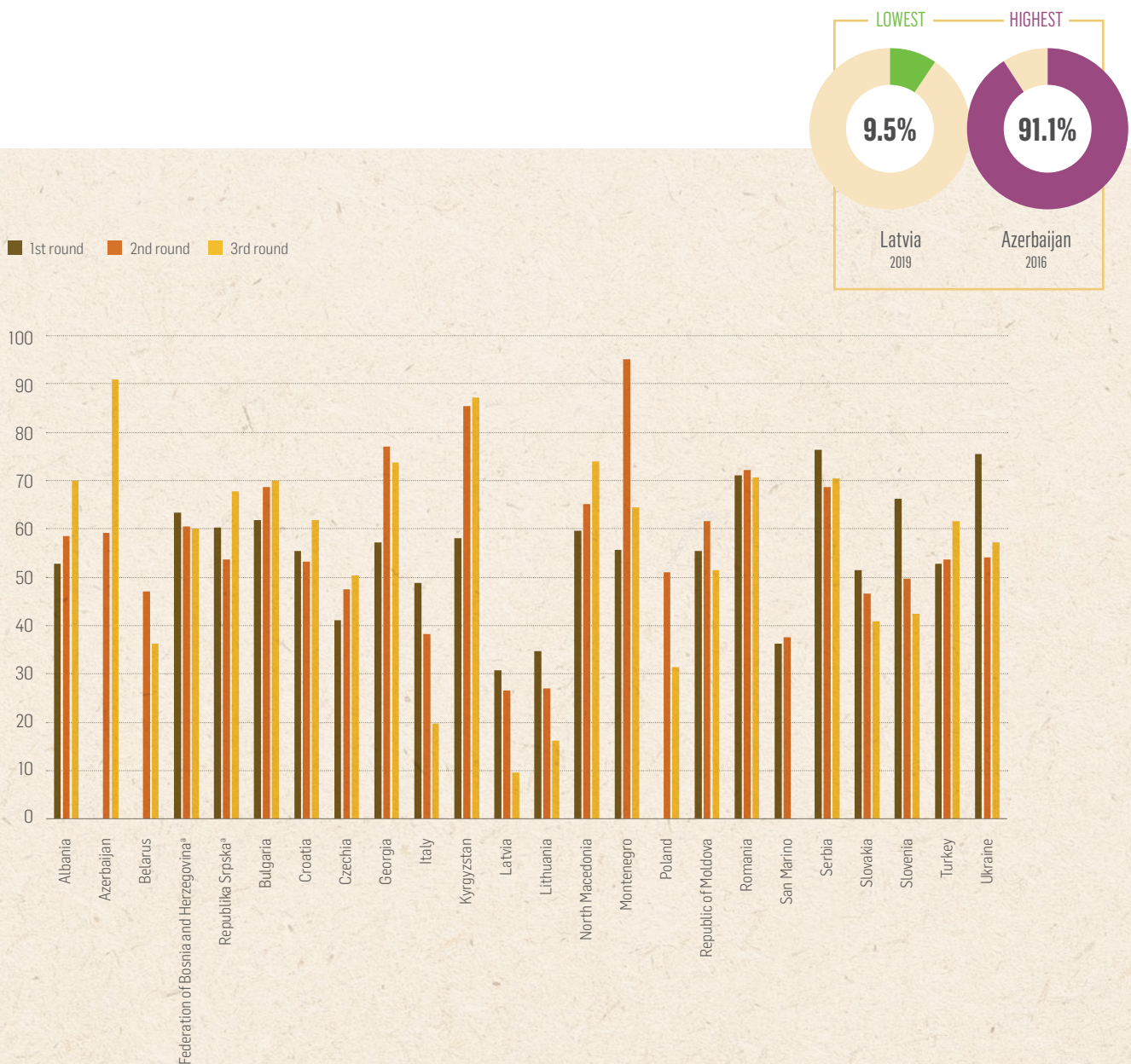
Source for obtaining cigarettes

Based on data from the latest round of GYTS, the percentages of current cigarette smokers who purchased cigarettes from different sources, such as a store, shop, kiosk or street vendor, ranged from 91.1 % in Azerbaijan (2016) to 9.5% in Latvia (2019) (Fig. 14).

In more than half of countries (13 out of 23), the percentage of current cigarette smokers who purchased cigarettes from different sources appears to have remained the same or increased over time. A bigger difference is observed in Azerbaijan (with 59.1% in 2011 and 91.1% in 2016).

Fig. 14. Percentage of students aged 13–15 years in 23 countries of the WHO European Region who bought cigarettes from various sources in the past 30 days, over time

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).



Source: data from the last three GYTS rounds (where available).

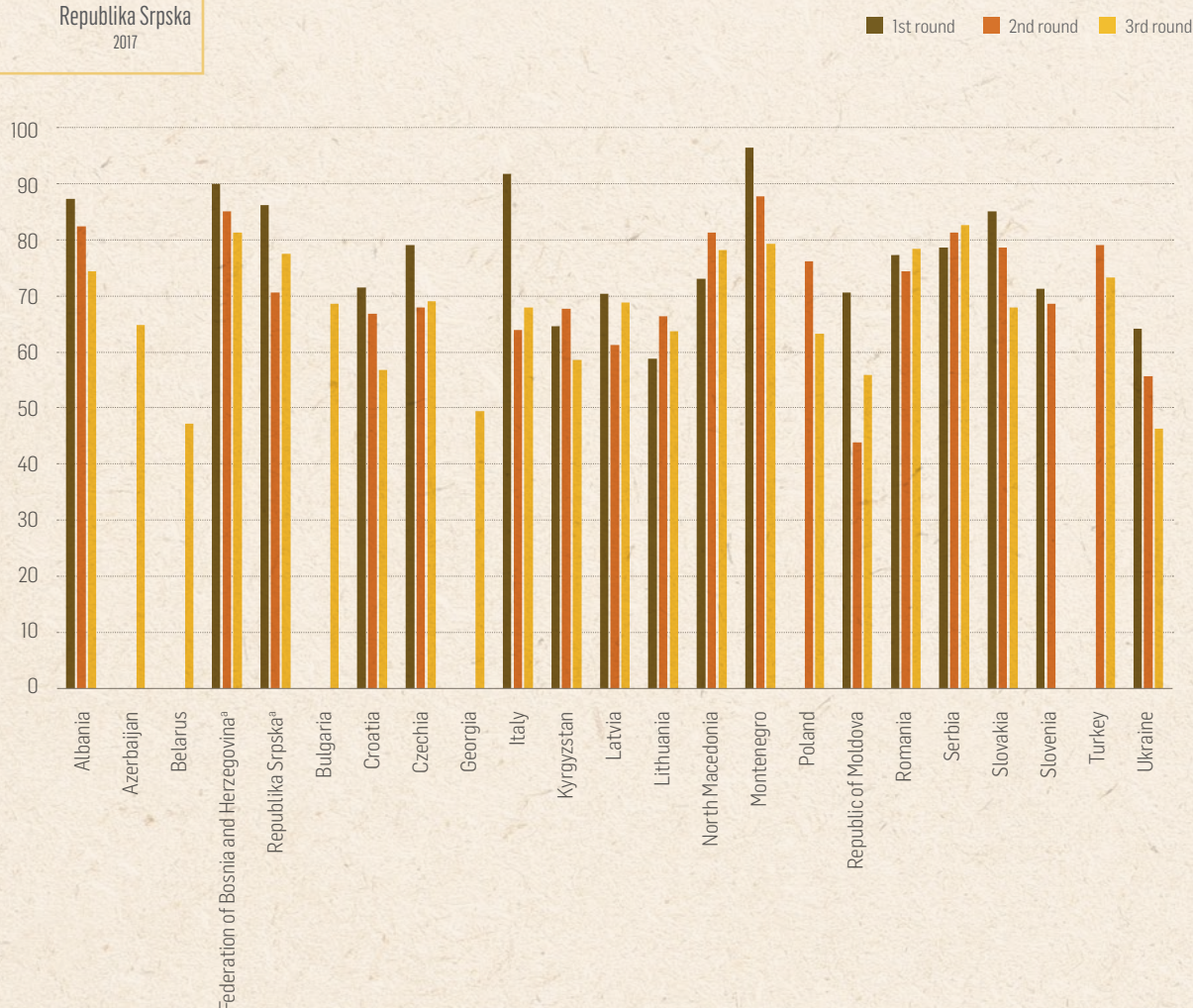
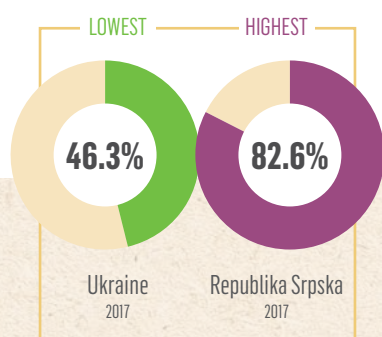
Minors' access to purchasing cigarettes

Fig. 15. Percentage of young people aged 13–15 years in 22 countries of the WHO European Region not refused access to purchasing cigarettes, over time

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).

Based on data from the latest round of GYTS, the percentage of students who had not been refused access to buy cigarettes in the previous 30 days despite being underage ranged from 82.6% in Serbia (2017) to 46.3% in Ukraine (2017) (Fig. 15).

The proportion of young people not deterred from buying cigarettes remained very high over time. The highest proportions over time of underage cigarette purchases were observed in the Republic of Moldova (with 43.9% in 2013 and 55.8% in 2019) and Latvia (61.3% in 2014 and 68.9% in 2019).



Source: data from the last three GYTS rounds (where available).

Tobacco advertising

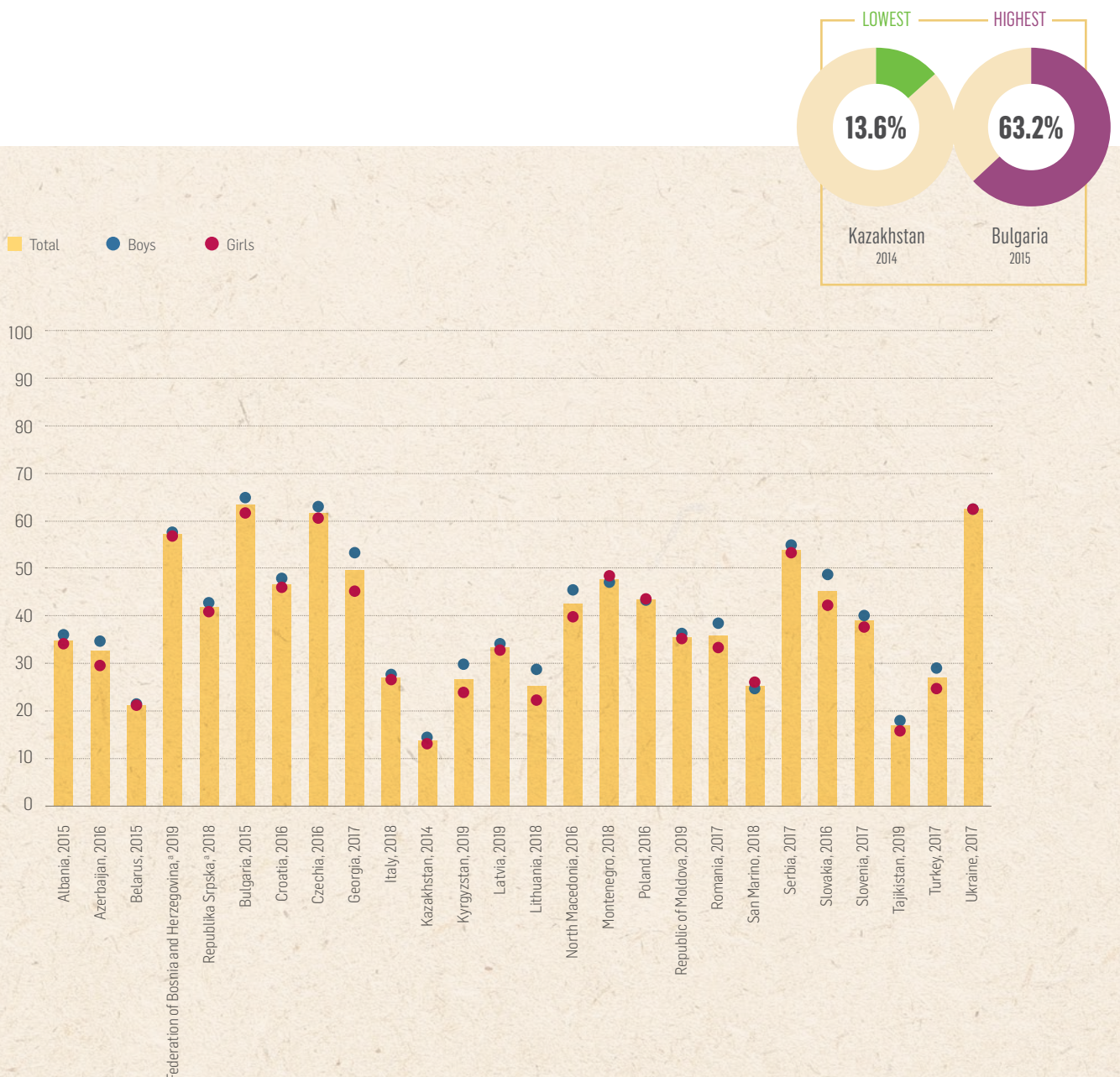
Tobacco marketing at points of sale

The percentage of students who noticed tobacco advertisements or promotions when visiting points of sale ranged from 63.2% in Bulgaria (2015) to 13.6% in Kazakhstan (2014) (Fig. 16).

A significantly higher proportion of boys than girls in six of the 25 countries noticed tobacco advertisements or promotions at points of sale. No sex differences were observed in the remaining countries.

Fig. 16. Percentage of young people aged 13–15 years in 25 countries of the WHO European Region who noticed tobacco advertisements or promotions at points of sale, overall and by sex

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).



Source: data from the most recent GYTS.

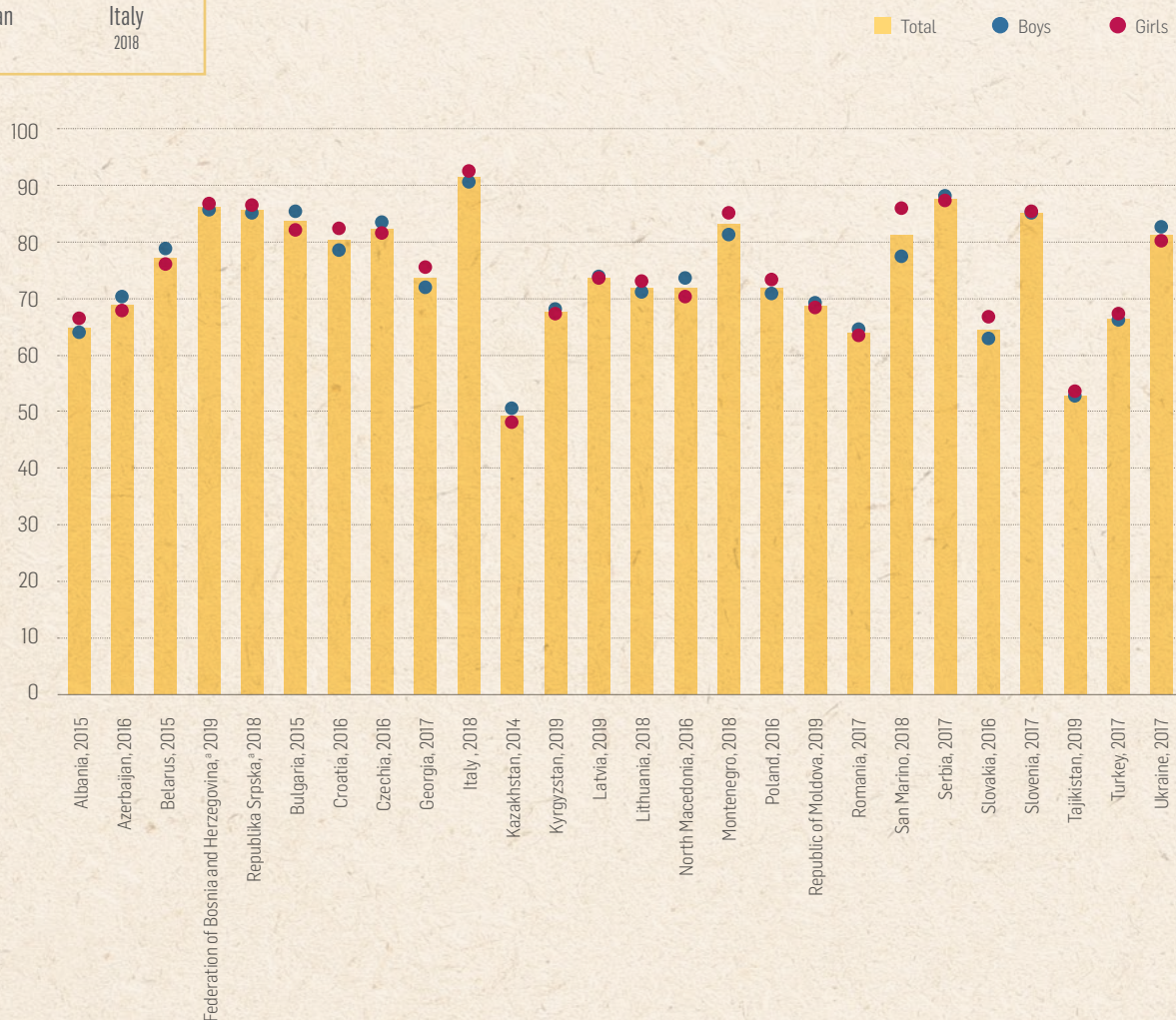
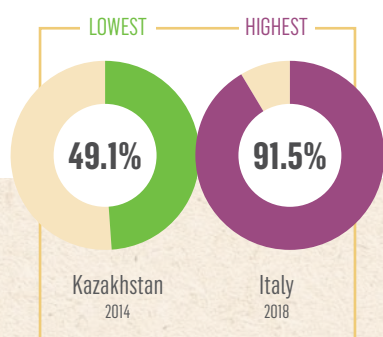
Awareness of tobacco advertisements on television or in videos or movies

Fig. 17. Percentage of students aged 13–15 years in 25 countries of the WHO European Region who saw someone using tobacco on television or in videos or movies in the previous 30 days, overall and by sex

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).

The percentage of students who noticed tobacco advertisements on television or in videos or movies was high, with more than 50% of young people in most countries being exposed. It ranged from 49.1% in Kazakhstan (2014) to 91.5% in Italy (2018) (Fig. 17).

In three of the 25 countries (Croatia, Montenegro and Slovakia), a significantly higher proportion of girls than boys were exposed to tobacco advertisements on television or in videos or movies in the previous 30 days. No sex differences were observed in the remaining countries.



Source: data from the most recent GYTS.

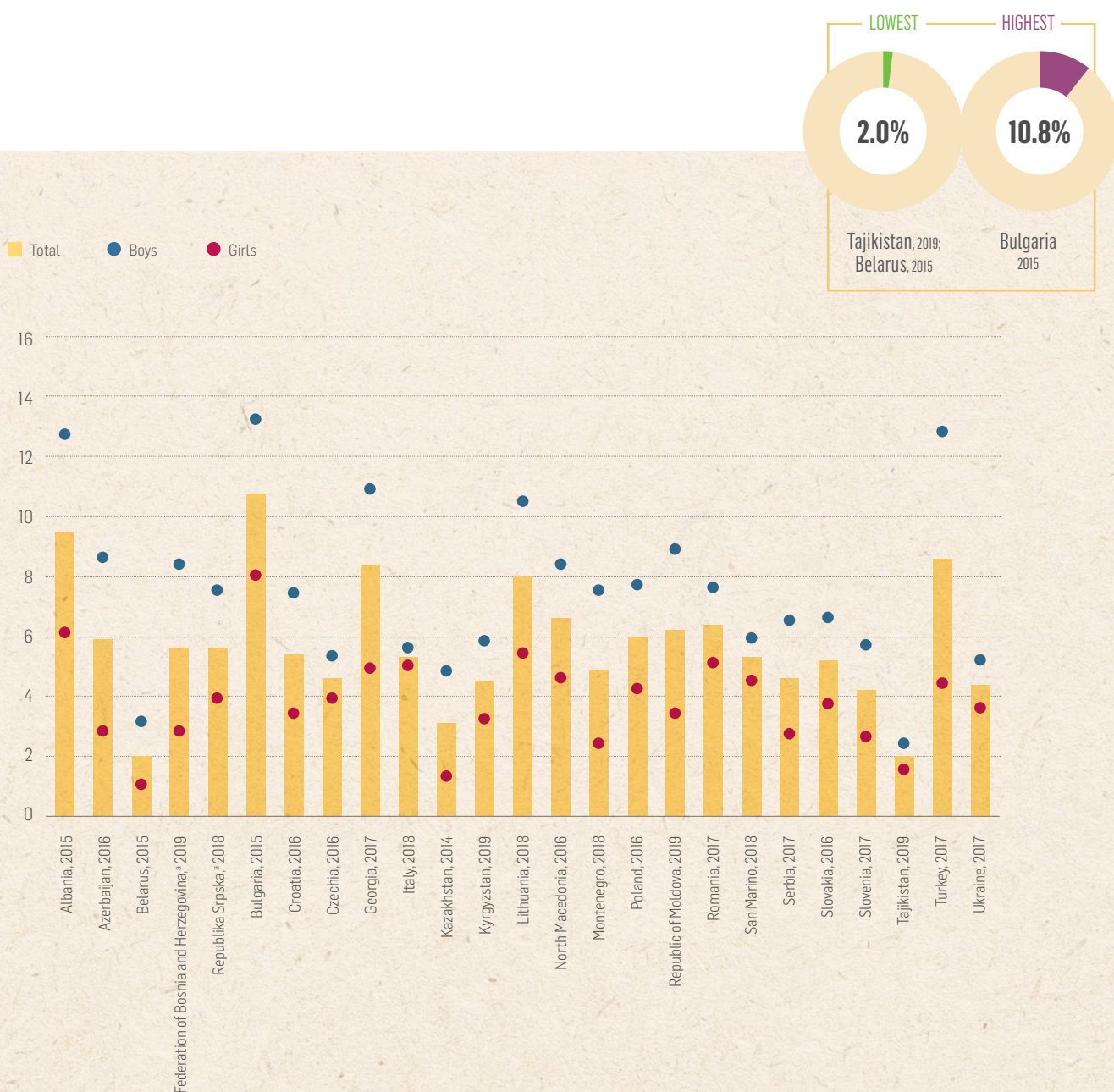
Offered free tobacco products

The percentage of young people offered a free tobacco product by a tobacco-company representative ranged from 10.8% in Bulgaria (2015) to 2.0% in Tajikistan (2019) and Belarus (2015) (Fig. 18).

In 16 of the 25 countries, a higher proportion of boys than girls reported receiving a free tobacco product from a tobacco-company representative. In the remaining countries, no significant differences were observed between sexes.

Fig. 18. Percentage of students aged 13–15 years in 24 countries of the WHO European Region who received a free tobacco product from a tobacco-company representative, overall and by sex

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).



Source: data from the most recent GYTS.

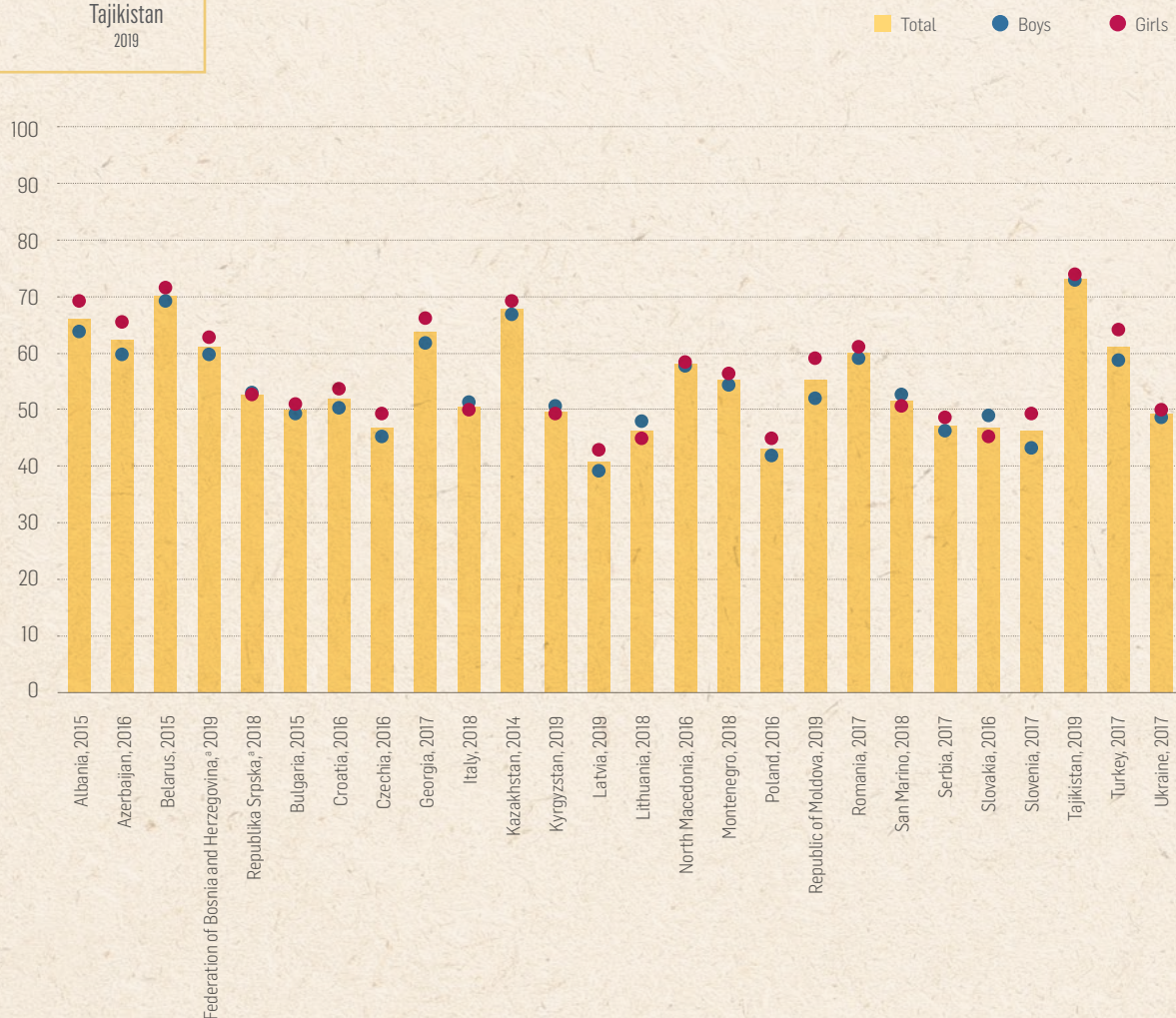
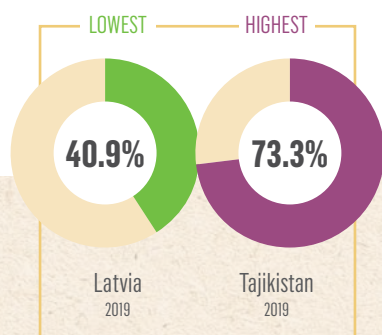
Awareness of anti-tobacco messages in the media

Fig. 19. Percentage of students aged 13–15 years in 25 countries of the WHO European Region who saw or heard any anti-tobacco messages in the media, overall and by sex

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).

Approximately every other student was aware of anti-tobacco messages in the media. Percentages of those who saw or heard any anti-tobacco messages in the media ranged from 73.3% in Tajikistan (2019) to 40.9% in Latvia (2019) (Fig. 19).

Albania, Bosnia and Herzegovina (the Federation of Bosnia and Herzegovina), Czechia, the Republic of Moldova, Slovenia and Turkey reported significantly higher proportions of girls than boys having seen or heard any anti-tobacco messages in the media. In the remaining countries, no significant differences were observed between sexes.



Source: data from the most recent GYTS.

Knowledge and attitudes

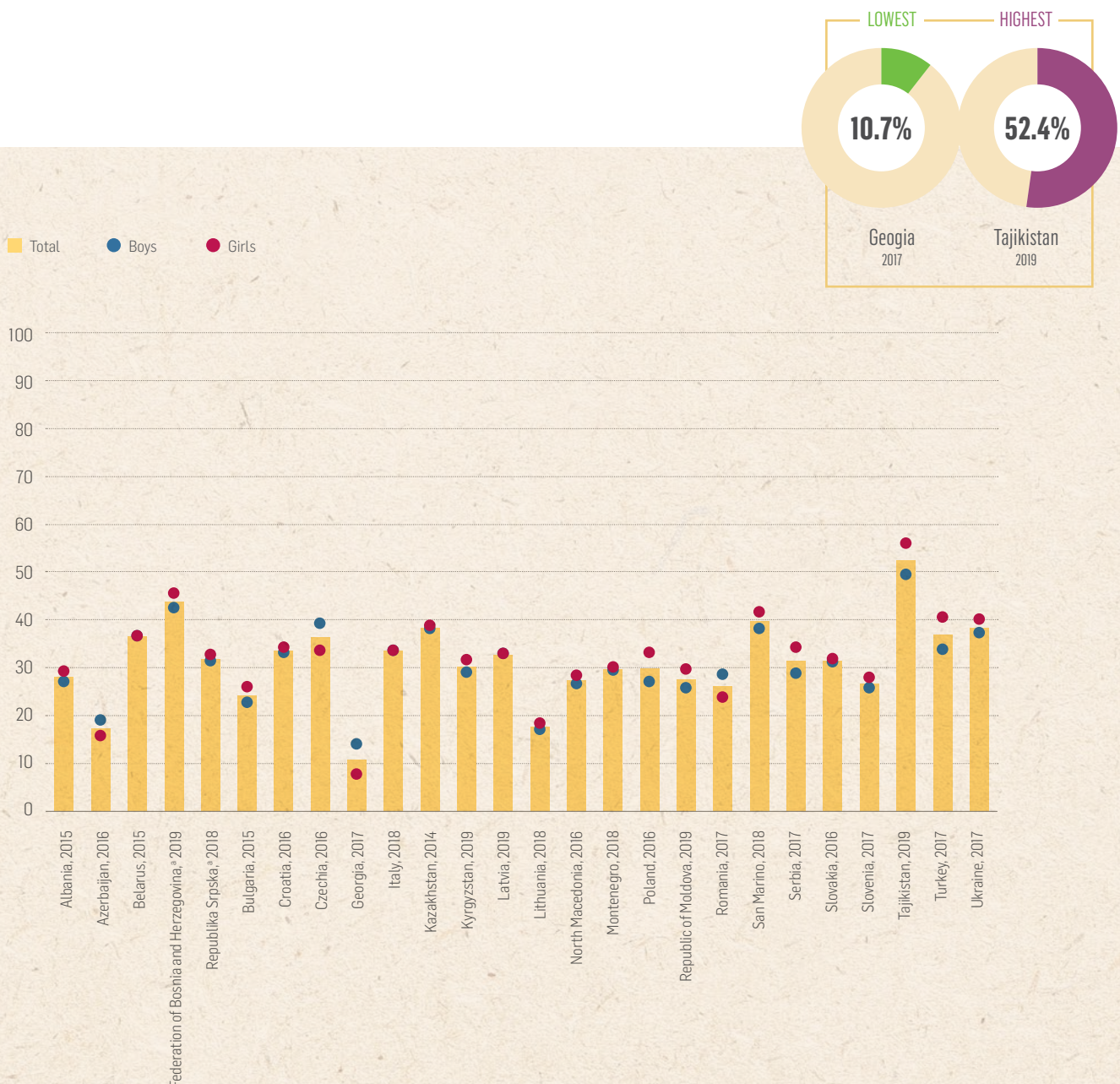
Belief about tobacco addictiveness

The prevalence of awareness of the addictive nature of tobacco among young people ranged from 52.4% in Tajikistan (2019) to 10.7% in Georgia (2017) (Fig. 20).

In Bosnia and Herzegovina (the Federation of Bosnia and Herzegovina), Poland, the Republic of Moldova, Serbia, Tajikistan and Turkey, a significantly higher proportion of girls than boys reported that they definitely thought it was difficult to quit once someone starts smoking tobacco. In Czechia, Georgia and Romania, a significantly higher proportion of boys than girls were aware of the addictiveness of tobacco. No significant differences were observed between sexes in the remaining countries.

Fig. 20. Percentage of students aged 13–15 years in 25 countries of the WHO European Region who were aware of the addictiveness of tobacco, overall and by sex

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).



Source: data from the most recent GYTS.

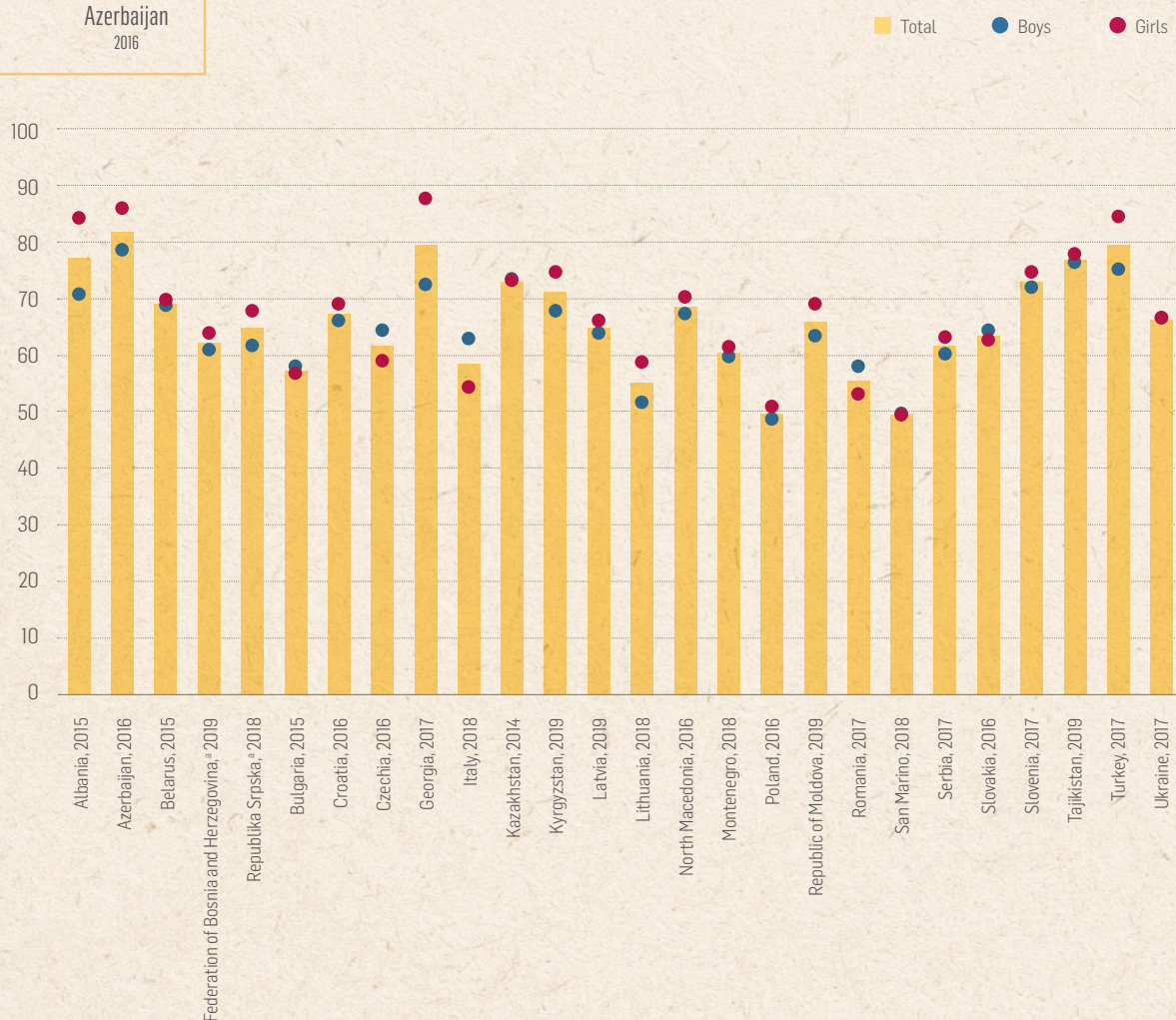
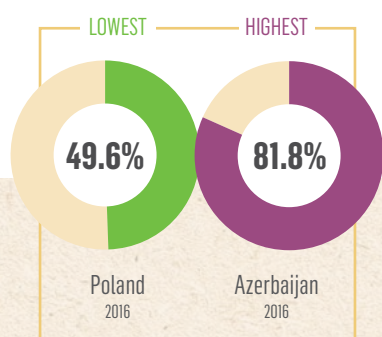
Beliefs about dangers of second-hand smoke

Fig. 21. Percentage of students aged 13–15 years in 25 countries of the WHO European Region who were aware of the dangers of second-hand smoke

^a Data for Bosnia and Herzegovina are presented at subnational level (for the Federation of Bosnia and Herzegovina and Republika Srpska separately).

The proportion of students who definitely thought other people's tobacco-smoking is harmful to them ranged from 81.8% in Azerbaijan (2016) to 49.6% in Poland (2016) (Fig. 21).

In nine countries (in Bosnia and Herzegovina, the Federation of Bosnia and Herzegovina only), a significantly higher percentage of girls than boys reported being aware of the dangers of second-hand smoke. The opposite situation was found in Czechia, Italy and Romania. No significant differences were observed between sexes in the remaining countries.



Source: data from the most recent GYTS.

Conclusions

Tobacco use among young people in the WHO European Region remains a public health concern. Despite the overall downward trend of tobacco-use prevalence among students aged 13–15 years over time, several countries of the Region recorded higher rates in the latest round of GYTS than in previous rounds. Cigarettes remain the most commonly used tobacco products in most of the observed countries, followed by water pipes and other smoked tobacco products.

E-cigarettes have been gaining popularity among students aged 13–15 years. In some countries, the rates of e-cigarette use were much higher than that for conventional cigarettes. In Poland, for example, 15.3% of students currently smoked cigarettes and 23.4% currently used e-cigarettes. All forms of tobacco and nicotine products are harmful and should be subject to strong policy and regulatory measures in line with the WHO FCTC to prevent initiation among young people.

More than 50% of young people in most countries tried to stop smoking in the past 12 months, and there appears to be a downward trend in most of the countries that assessed this behaviour in the last two or three rounds of GYTS. The proportion who received cessation support nevertheless was very low. Young people in all 25 countries continue to be exposed to second-hand smoke at home, in schools and in public spaces, increasing their risk of adverse health effects and early-age initiation of smoking. As there is no safe level of exposure to second-hand tobacco smoke, comprehensive smoke-free policies for indoor public places are needed to protect children and adult non-smokers from exposure to second-hand tobacco smoke.

Young people's access to cigarettes remains high in almost all of the countries. In 16 of 23, more than 50% of young people who currently smoke cigarettes purchased or obtained cigarettes from different sources, and more than two thirds of students in most countries were not denied a cigarette purchase despite their age. The data also show that young people are targeted by the tobacco industry through different marketing strategies, including tobacco advertising, promotion and sponsorship. Almost three in four students in most of the countries were exposed to a pro-tobacco media campaign. A total ban on direct and indirect advertising, promotion and sponsorship can significantly reduce young people's exposure to pro-tobacco marketing influences and other tobacco industry tactics, substantially prevent initiation among young people and help reduce tobacco consumption.

Data from the GYTS conducted in 25 countries of the WHO European Region suggest emphasis on prevention of tobacco-use initiation among young people should be prioritized by countries. The data provide strong support for current efforts to reduce experimentation in the use of tobacco and other nicotine products among young people.

Full implementation of the WHO FCTC includes: preventing children from accessing tobacco and nicotine products; regulating marketing and sales; ensuring all public places are smoke-free; banning direct and indirect advertising, promotion and sponsorship of tobacco products; continuously raising prices on tobacco products; educating young people on the dangers of tobacco use; and implementing effective and comprehensive tobacco-cessation programmes. These actions are essential to addressing the tobacco epidemic. Protecting tobacco-control policies and policy-making processes from commercial and other vested interests of the tobacco industry, and multisectoral coordination coupled with strong policy enforcement, are foundational to effective tobacco control.



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2 All weblinks were accessed on 27 August 2020.

Annex 1.

Indicators and their description

No.	Indicator	Description
1	Current use of any tobacco products	Percentage of students aged 13–15 who use any tobacco products anytime in the past 30 days ^a
2	Current cigarette smoking	Percentage of students aged 13–15 years who smoked cigarettes on one or more days anytime in the past 30 days
3	Current smoking of other tobacco	Percentage of students aged 13–15 years who currently smoke tobacco other than cigarettes anytime in the past 30 days
4	Current use of smokeless tobacco	Percentage of students aged 13–15 years who used any smokeless tobacco products anytime in the past 30 days
5	Current use of e-cigarettes	Percentage of students aged 13–15 years who used e-cigarettes anytime in the past 30 days ^b
6	Susceptibility to future tobacco use	Percentage of students aged 13–15 years who have never used tobacco and would use tobacco if one of their best friends offered it to them and/or planned to use tobacco in the next 12 months
7	Quit attempts	Percentage of students aged 13–15 years who currently smoked tobacco and who tried to stop smoking in the past 12 months
8	Received help to stop smoking	Percentage of students aged 13–15 years who currently smoked tobacco and have ever received help/advice to stop smoking from a programme or professional
9	Exposure to second-hand smoke at school	Percentage of students aged 13–15 years who saw anyone smoking inside the school building or outside on school property in the past 30 days
10	Exposure to second-hand smoke at home	Percentage of students aged 13–15 years who were exposed to tobacco smoke at home in the past seven days
11	Exposure to second-hand smoke in enclosed public places	Percentage of students aged 13–15 years who were exposed to tobacco smoke inside any enclosed public place (such as schools, shops, restaurants, shopping malls and cinemas) in the past seven days
12	Source for cigarettes	Percentage of students aged 13–15 years who currently smoke cigarettes and who last obtained cigarettes from various sources (such as purchasing from a store or shop, street vendor, kiosk or vending machine, or got them from someone else or some other way) in the past 30 days
13	Minors' purchase of cigarettes	Percentage of students aged 13–15 years who currently smoke cigarettes and who were not prevented from buying cigarettes because of their age (among those who tried to buy cigarettes in the past 30 days)
14	Awareness of tobacco marketing at points of sale	Percentage of students aged 13–15 years who saw any advertisements or promotions for tobacco products at point of sale (such as stores, shops and kiosks) in the past 30 days (among those who visited points of sale)
15	Awareness of tobacco use in the media	Percentage of students aged 13–15 years who saw someone using tobacco on television or in videos or movies among those who watched television, videos or movies in the past 30 days
16	Exposure to free tobacco products promotion	Percentage of students aged 13–15 years who were ever offered a free tobacco product by a tobacco-company representative
17	Awareness of anti-tobacco messages in the media	Percentage of students aged 13–15 years who saw or heard any anti-tobacco messages in the media, including television, radio, Internet, billboards, posters, newspapers, magazines and movies, in the past 30 days
18	Belief about addictiveness of tobacco smoking	Percentage of students aged 13–15 years who definitely thought that once someone had started smoking tobacco it was difficult to quit
19	Beliefs about dangers of second-hand smoke	Percentage of students aged 13–15 years who thought other people's tobacco-smoking was harmful to them

^a All tobacco products covers both smoked and smokeless tobacco. The indicator excludes use of e-cigarettes. Countries have started monitoring a recently emerged group of heated tobacco products (HTPs), which belong in the smoked tobacco category. For example, Romania and the Republic of Moldova have included use of HTPs in tobacco use indicators in their latest GYTS.

^b E-cigarettes, or electronic cigarettes, are defined as devices that heat a nicotine-based liquid and turn it into aerosol, which is inhaled by the user.

Annex 2.

List of countries by year of completion of GYTS rounds³ in the WHO European Region, 2002–2019

No.	Country	Round 3	Round 2	Round 1
1	Albania	2015	2009	2004
2	Azerbaijan	2016	2011	–
3	Belarus	2015	2004	–
4a	Bosnia and Herzegovina, the Federation of Bosnia and Herzegovina	2019	2013	2008
4b	Bosnia and Herzegovina, Republika Srpska	2018	2013	2008
5	Bulgaria	2015	2008	2002
6	Croatia	2016	2011	2007
7	Czechia	2016	2011	2007
8	Georgia	2017	2014	2008
9	Italy	2018	2014	2010
10	Kazakhstan	2014	2009	2004
11	Kyrgyzstan	2019	2014	2008
12	Latvia	2019	2014	2011
13	Lithuania	2018	2014	2009
14	North Macedonia	2016	2008	2003
15	Montenegro	2018	2014	2008
16	Poland^a	2016	2003	–
17	Republic of Moldova	2019	2013	2008
18	Romania	2017	2013	2010
19	San Marino	2018	2014	2009
20	Serbia	2017	2013	2008
21	Slovakia	2016	2011	2007
22	Slovenia	2017	2011	2007
23	Turkey	2017	2012	2009
24	Tajikistan	2019	2014	2004
25	Ukraine	2017	2011	2005

^a In 2009, GYTS was conducted at subnational level in Mazovia, therefore was not included in the report as the 2nd round for Poland.

³ The numeration of rounds was made to identify rounds selected for this report. The total number of rounds conducted and their numbering differ by country.



The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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