global youth tobacco survey

Country reports

The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC), Atlanta, developed the Global Youth Tobacco Survey to track tobacco use among youth across countries using a common methodology and core questionnaire. Information from the Survey is compiled within the participating country by a Research Coordinator nominated by the Ministry of Health, and technically reviewed by WHO and CDC. The content has not otherwise been edited by WHO or CDC.

World Health Organization
Regional Office for the Eastern Mediterranean

CDC
Centers for Disease Control and Prevention

Egypt 2009 COUNTRY REPORT
GLOBAL YOUTH TOBACCO SURVEY (GYTS)

CONTENTS

Foreword

Egypt is a low-middle income country, with low economic growth , leading to high rates of unemployment and poverty.

Egypt is a desert plateau divided by the Nile valley, with an area of 1 001 450 km2 of which only 6% is inhabited.

It is the second most populous country in the WHO Eastern Mediterranean Region.

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Summary

Basic health services

Management of the health system is highly centralized at the overstaffed Ministry of Health and Population (MOHP). Different public entities (MOHP, other ministries (Higher Education, Defense and Interior), the Health Insurance Organization (HIO), private practitioners and nongovernmental organizations (NGOs)) are involved in managing, financing and providing health services.

The HIO covers only 45% of the population and there is a growing unregulated private sector. Nationally produced pharmaceuticals account for more than a third of health expenditure.

Communicable diseases have largely been controlled in Egypt; high coverage rates for routine immunization, vaccine-preventable diseases have shown a remarkable decline in the last decade. Egypt has been considered as a polio-free country since 2006.

The neonatal tetanus incidence rate is 0.06 per 1000 births. There were no reported cases of diphtheria.

Prevalence of Hepatitis B and C continue to be a public health problem in Egypt with data suggesting their incidence, particularly hepatitis C, may be increasing.

A 1996–1997 survey of individuals aged two years old or older indicated the overall prevalence of anti-HCV and HBsAg was 18.9% and 4.5%, respectively.

Tuberculosis is considered to be the third most important communicable disease problem after hepatitis C. Egypt ranks among countries with mid/low level of tuberculosis incidence.

The prevalence of HIV/AIDS among 15–49 year-olds is approximately 0.03%.

Epizootic outbreaks of avian influenza were reported in Egypt with 20 human cases and 5 related deaths confirmed in 2007.

Most human cases of A/H5N1 in Egypt had exposure to backyard poultry.

Maternal and child health present continuing challenges. Maternal mortality and infant mortality rates remain high.

Iron deficiency anaemia is prevalent and malnutrition is common in children under five particularly in rural Upper Egypt.

Noncommunicable diseases are on the rise. Neuro-psychiatric disorders and digestive system diseases are leading causes of morbidity accounting for 19.8% and 11.5% of the non-fatal burden

respectively, followed by chronic respiratory diseases (6.9%), injuries (6.7%) and cardiovascular diseases (5.6%). Osteoarthritis, injuries and asthma are the leading causes of disability.

The most common cancers are breast, liver, bladder and lymph nodes.

Lifestyle-associated disorders are of growing importance. Smoking, substance abuse, lack of exercise, overconsumption of fatty and salty foods, non-use of car seatbelts and non-observance of traffic rules contribute to a significant proportion of the overall morbidity and mortality.

Environmental conditions are a major determinant of health. Air pollution in Egypt, especially in Cairo, Cairo Metropolitan and Alexandria has been of concern for a number of years. Particulate matter is the most common air pollutant in urban and industrial areas. Lead was completely phased out from petrol distributed in Cairo,

Alexandria and most of the cities of Lower Egypt in late 1997, and consequently, lead concentration in the atmosphere of Cairo city centre and residential areas decreased markedly during the years 1997–2002 reaching less than 30% of those recorded during the early 1990s.

Economic challenges continue. Egypt's economy relies on tourism, remittances from Egyptians working abroad, revenues from the Suez Canal and oil. It has managed to improve its macroeconomic performance throughout most of the last decade in the areas of fiscal policy, monetary and structural reform. Recognizing the role of the private sector in development, the government has made job creation and creating an improved climate for investment and private sector development specific priorities. Agriculture accounts for 14% of GDP, industry 30% and services 56%.

The major export is petroleum and petroleum products (28.7%). Poverty has declined over the past few decades with the Millennium Development Goal Second Country Report for Egypt suggesting that as a national average the MDG commitment to halve poverty by 2015 will be realized. A World Bank-supported Poverty Alleviation Study carried out in 2002 showed

that poverty incidence fell from 19.4% in 1995–1996 to 16.7% in 1999–2000.

Introduction

Tobacco use is the leading global cause of preventable death. WHO attributes nearly 6 million deaths a year to tobacco. That figure is expected to rise to more than 8 million deaths a year by 2030. Most people begin using tobacco before the age of 18.

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

Country Demographics

Egypt is a Member State of the EMRO region and is considered a lower middle income country.

WHO Framework Convention on Tobacco Control and MPOWER

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

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

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

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

Purpose and Rationale

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

The rationale for Egypt's participation in the GYTS include the following:

- Tobacco use is a problem in Egypt as 24% from the youth less than 10 years old starting smoking the 1st cigarette .
- In 2001 15.8% are currently use tobacco &in 2005 12.6% are currently use tobacco
- In 2001 and 2005 4% in between youth(13-15 years) smoking cigarettes while in 2009 the percentage become 8.9% .
- About 170,000 deaths is due to diseases related to Tobacco consumption (Tobacco Economic study in 2004)
- About one third of these deaths caused by cancer that caused by Tobacco consumption (Tobacco Economic study in 2004)
- There are loss of productivity due to premature death/hospitalizations as half of current smokers dies more earlier .

Current State of Policy

Currently, in Egypt, there are six tobacco policies in place. There are specific policies that control (The law has been passed in 2007 then bylaws have been passed in June 2010 which states that:

- Ban smoking in all closed public areas
- Ban advertising in all kinds for tobacco products
- Managers of all public closed areas must place No smoking posters & signs in their buildings
- All tobacco selling points must commit to put the signs that says " we do not sell tobacco for less than 18 years old"
- Egyptian law prohibits all kinds of tobacco advertisement

Other Tobacco Surveys

The GYTS has previously been conducted in Egypt in 2005. In addition to the GYTS, the following surveys have been run in Egypt: GATS in 2010 and GYTS in 2001.

Country Specific Objectives

In this section write specific objectives using baseline GYTS Data as a starting point. Make sure objectives are SMART: specific, measurable, attainable, realistic, and time-bound.

Examples:

1. Reduce current tobacco use in Egypt in students in Primary &Prep. And secondary grades from 12 % in 2009 to 9% in 2013
2. Reduce current cigarette use in Egypt in students in grade in Primary &Prep. And secondary grades from 8.9 % in 2009 to 4 % in 2013
3. Increase tobacco use cessation attempts in Egypt in students in Primary &Prep. And secondary grades from 67% in 2009 to 75% in 2013

Methods

Sampling

The 2009 Egypt GYTS is a school-based survey, which employed a two-stage cluster sample design to produce a random (national/regional/city-level) representative sample of students in grades Preparatory. The first-stage sampling frame consisted of all prepare schools containing grades 1st to 3rd grades in prep schools . Schools were selected with probability proportional to school enrollment size. The second sampling stage consisted of systematic equal probability sampling (with a random start) of classes from each school selected during the first stage. The GYTS was conducted in 39 schools and 138 classrooms. 4,796 students participated in the GYTS. The grades that were sampled for the 2009 GYTS were in grades 1st through 3rd preparatory conducted in 2009.

A weighting factor was applied to each student record to adjust for non response and for the varying probabilities of selection. For the 2009 Egypt GYTS, completed in 39 schools. A total of 4,796 students participated in the Egypt GYTS of which, 3,472 were ages 13 to 15 years . The school response rate was 100% , and the student response rate was 97.1%. The overall response rate was 97.1%. SUDAAN, a software package for statistical analysis of complex survey data, was used to calculate weighted prevalence estimates and standard errors (SE) of the estimates (95% confidence intervals [CI] were calculated from the SEs).

Data Collection

Survey procedures were designed to protect the students' privacy by allowing for anonymous and voluntary participation. The self-administered questionnaire was administered in the classroom. Students recorded their responses directly on an answer sheet that could be scanned by a computer. The questionnaire contained 56 multiple-choice questions. The survey included 56 questions from the core questions.

Data Analysis

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

Results

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

Table 1: Percent of students who use tobacco, Egypt, 2009

Category	Ever smoked cigarettes % (95% CI)	Current Any Tobacco Users % (95% CI)	Current Cigarette Smokers % (95% CI)	Current Other Tobacco Users % (95% CI)	Never Smokers Susceptible to Start Smoking in the Next Year % (95% CI)
Total	17.8%	12.0%	8.9%	7.5%	13.2%
Male	29.1%	20.0%	15.5%	11.0%	14.6%
Female	7.0%	3.8%	2.8%	3.4%	12.3%

In Egypt, 17.8 % of students overall reported ever using tobacco. Overall, 12.0 % reported current tobacco use (at least once in the last 30 days), 8.9 % reported currently smoking cigarettes, and 7.5 reported using tobacco other than cigarettes within the previous 30 days. In addition, 13.2 % indicated that they were susceptible to start smoking in the next year.

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

Table 2

Category	Percent of current smokers who say that a man smoking looks intelligent and strong (95% CI)	Percent of current smokers who say that a woman smoking looks intelligent and strong (95% CI)	Percent who think boys who smoke are more attractive (95% CI)	Percent who think girls who smoke are more attractive (95% CI)
Total	6.1	2.5	12.5	7.5
Male	6.9	2.0	15.1	11.6
Female	0	3.7	7.9	3.4

Students reported that 6.1% think boys and 2.5% think girls who smoke have more friends, and 12.5 % think boys and 7.5 % think girls who smoke are more attractive.

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

Table 3

Category	Percent who live in homes where others smoke (95% CI)	Percent of current smokers who buy cigarettes in a store (95% CI)	Percent of current smokers who bought cigarettes in a store in the past 30 days who were NOT refused because of their age (95% CI)
Total	47.6	25.4	88.7
Male	50.1	29.6	88.5
Female	45.9	2.5	100.0

Of current smokers, 47.6 % usually smoke at home, 25.4 % buy cigarettes in a store, and 88.7 % who bought cigarettes in a store were NOT refused purchase because of their age.

Secondhand Smoke

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

Category	Percent who live in homes where others smoke (95% CI)	Percent who are around others who smoke in places outside their home (95% CI)	Percent who think smoking should be banned from public places (95% CI)
Total	47.6	52.2	85.5
Male	50.1	57.7	83.7
Female	45.9	47.5	83.7

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

Category	Percent who think smoke from others is harmful to them (95% CI)	Percent who have one or more parents who smoke (95% CI)	Percent who have most or all friends who smoke (95% CI)
Total	77.9	24.1	7.3
Male	72.7	22.8	9.3
Female	83.1	25.1	5.4

Of the students that participated in the survey, 47.6 % live in homes where others smoke, and 52.2 % are around others who smoke in places outside their home. Regarding environmental tobacco smoke, 85.5 % think that smoking should be banned from public places and 77.9% think smoke from others is harmful to them. In their personal lives, 24.1 % of students reported they have one or more parents who smoke, and 7.3 % report having most or all friends who smoke.

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

Table 6

Category	Percent of current smokers who want to stop smoking (95% CI)	Percent of current smokers who tried to stop smoking during the past year (95% CI)	Percent of current smokers who have received help to stop smoking (95% CI)
Total	67.4	90.7	89.7
Male	66.6	90.9	87.4
Female	100.0	76.5	100.0

Of current smokers, 67.4 % reported that they want to stop smoking, and 90.7% tried to stop smoking within the past year. Regarding cessation attempts, 89.7 % of current smokers report that they have received help to stop smoking.

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

Table 7

Category	Percent who saw anti-smoking media messages in the past 30 days (95% CI)	Percent who saw pro-cigarette ads on billboards in the past 30 days (95% CI)	Percent who have seen pro-cigarette ads in newspapers or magazines in the past 30 days (95% CI)
Total	78.8	66.4	55.4
Male	75.5	67.5	60.3
Female	82.2	65.5	51.0

Table 8

Category	Percent who have an object with a cigarette brand logo (95% CI)	Percent who were offered free cigarettes by a tobacco company representative (95% CI)
Total	11.4	10.2
Male	11.1	6.8
Female	11.9	13.4

In the past 30 days, 78.8 % saw anti-smoking media messages while 66.4% reported that they saw pro-cigarette ads on billboards, and 55.4% reported that they saw pro-cigarette ads in newspapers or magazines during the same time period. Up to 11.4 % reported that they have an object with a cigarette brand logo, and 10.2% have been offered free cigarettes by a tobacco country representative.

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

Table 9

Category	Percent who had been taught in class during the past year about the dangers of smoking (95% CI)	Percent who had discussed in class during the past year reasons why people their age smoke (95% CI)	Percent who had been taught in class during the past year the effects of smoking (95% CI)
Total	61.4	54.1	61.4
Male	65	52.7	65.0
Female	58.8	56.4	58.8

In the past year, 61.4% had been taught in class about the dangers of smoking, 54.1% had discussed in class why people their age smoke, and 61.4% had been taught in class about the effects of smoking.

Discussion

Prevalence, Cessation, and Addiction

In Egypt 12% current use of any tobacco product and 8.9% reporting that they currently smoke cigarettes. Despite 90.7% of youths reporting that they had tried, unsuccessfully, to quit smoking in the last year, and 17.8% Never smokers susceptible to start smoking in the next year13.2 % indicated that they were susceptible to begin smoking within the next year.

Gender Differences

A section on gender differences may be included. It is very likely you will find differences in tobacco use by gender, describe here what you have in Tables 1 & 2. If there were not differences by gender, IT IS A VERY IMPORTANT FINDING too.

Harmful Effects of Smoking

The harmful effects of smoking are well known and well documented. The tobacco epidemic kills 5.4 million people a year from lung cancer, heart disease, and other illnesses[1].The younger children are when they first try smoking, the more likely they are to become regular smokers and the less likely they are to quit[2,3,4,5]. And while evidence is strong, in many cases, young people are still unaware of the harmful effects. Schools are integral to educating youths about the dangers of tobacco use but in Egypt , only 61.4 % of youths surveyed had been taught in class during the past year about the dangers of smoking. Strengthening education is a focus of the FCTC. Educators are specifically mentioned as important sources of information about the dangers of tobacco use for their students.

Public Awareness and Dangers of Smoking

In Egypt , the national program for tobacco control insist on raising awareness on the dangers of tobacco smoking.Youth have been directly targeted at youths. However, this information has been diffused with other contradicting messages which portray positive images of smoking and using tobacco products, for example pro-cigarette ads in newspapers and magazines, or on billboards. In Egypt , although 78.8 % of youths reported seeing anti-smoking media messages in the previous 30 days, 66.4% saw pro-cigarette ads on billboards, in the past 30 days

55.4% saw pro-cigarette ads in newspapers or magazines, in the past 30 days
11.4% have an object with a cigarette brand logo
10.2% were offered free cigarettes by a tobacco company representative

Consider here to highlight the differences between Smokers and Non Smokers.

Regulations in Country to Control Tobacco Use in Youths

In Egypt, the following laws are in place to control tobacco use in youths:

- Law no.154 in 2007 to restrict sale of tobacco products in youth less than 18 years old.

Despite having laws to control sale of tobacco products to youth, all of the students enrolled in this survey who reported they used tobacco were under the age of eighteen. In addition, 25.4 % indicated that they were able to buy their cigarettes in a store and 88.7% indicated that they had not been refused due to their age in the last 30 days.

Secondhand Smoke

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

- Law no.154 in 2007 for banning of smoking in indoor public and work places

The results of this survey showed that only 77.9% of youths surveyed believed that secondhand smoke could be harmful to them, and only 85.5 % believed that smoking should be banned from public places. It is important to educate youths on the dangers of tobacco use, and in particular the risks associated with secondhand smoke.

Comparison to Previous Tobacco Surveys

- Increases in prevalence of tobacco use or cigarette smoking in youths from previous survey as it was in 2001 and 2005 about 4% but in 2009 becomes 8.9%.
-
- Increasing rates of tobacco use in girls from previous survey as it was 1.4 % in GYTS 2005 survey but becomes in GYTS 2009 2.8%
- Use of tobacco products other than cigarettes(shisha, snus, bidi, etc) decreased from 10.1% in GYTS 2005 to 7.5%in GYTS 2009

Relevance to FCTC

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

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

- **Protect people from tobacco smoke**
  The GYTS data show that 52.2% of students are around others who smoke outside their homes and 47.6 % live in homes where others smoke in their presence.
- **Offer help to quit tobacco use**
  Results from GYTS show that students who currently smoke are interested in quitting. Of students who currently smoke:
  - 67.4% want to stop smoking
  - 90.7% tried to stop smoking during the past year
  - 89.7% have ever received help to stop smoking
- **Warn about the dangers of tobacco**
  During the past year
- 61.4% had been taught in class, during the past year, about the dangers of smoking
- 54.1% had discussed in class, during the past year, reasons why people their age smoke
- **Enforce bans on tobacco advertising, promotion, and sponsorship**

  The GYTS data show
  - 78.8% saw anti-smoking media messages, in the past 30 days
  - 66.4% saw pro-cigarette ads on billboards, in the past 30 days
  - 55.4% saw pro-cigarette ads in newspapers or magazines, in the past 30 days
  - 11.4% have an object with a cigarette brand logo
  - 10.2% were offered free cigarettes by a tobacco company representative

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

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

Relevance to Country

In this section summarize the findings from the GYTS and how they are specifically applicable in your country.

Examples:

- Many youths report wanting to quit in our country, but teachers are not trained in any way to prevent tobacco use among their students.
- Susceptibility to begin smoking in the next year is high among both boys and girls, but there are laws banning use of tobacco on school-grounds.
- The data suggests an early age of initiation of cigarette usage among country adolescents less than 10 years old Tobacco control education therefore needs to start at a very young age. However, very limited levels of tobacco-related issues are currently discussed in the formal school curriculum.
- Egyptian adolescents are faced with the double burden of cigarette use and the use of other forms of tobacco products such as chewing tobacco, snuff, etc. (Later in proposed interventions/further studies, relate back to this and the need for further examination or regulation of these other products.
- Students in this country are still reporting being exposed to pro-smoking media campaigns. It is important to control this exposure.

Proposed Interventions/

A study to report a significantly higher rate of use of Shisha, specially female youths, is suggested to have data on using shiha at different ages, to understand this alarming new trend and can help in introducing counseling for cessation in schools by social workers.

- Due to the fact that children are likely to start smoking if they grow up in an environment where tobacco advertising is prolific, where smoking rates are high among adults (including those that serve as role models for young people), where tobacco products are cheap and easily accessible, and where smoking is unrestricted in public places, the tobacco control policies need to take this into consideration. Besides drafting such policies, their enforcement and public awareness need to be considered. The starting point could be the law already in place on the sale of tobacco products to children aged below 18, which does not seem to be adequately enforced or known to the public.
- Awareness campaigns on the dangers of cigarette smoking & tobacco products need to be intensified. Most school based anti-smoking campaigns are done on the World-No-Tobacco Day but there is need for regular education on the dangers of tobacco. Also, anti-smoking campaigns should not just target people with access to television and radio, but should also be targeted for those without access. In the rural areas, use of other tobacco products is rampant as shown and information on the dangers of these should be provided, through means accessible to the rural people, who are the majority, constituting over 60% of the population in the country. However, due to insufficient government funding for information dissemination various information, education and research initiatives can also be developed and implemented by NGOs operating within communities.
- Educational programs and health promotion campaigns can serve a useful role in tobacco control, particularly in areas where the harms of tobacco use are not widely known. However, unless they are backed up by strong public policies, which help young people refrain from using tobacco, educational programs have only modest results. Such education programs and health promotion campaigns should be placed in the overall context of strong and coherent tobacco control policies.

Recommendations

- A significant number of students were exposed to tobacco smoke at home and public places and 85.5% think smoking should be banned from public places. There is a need to enforce the implementation of laws that ban tobacco smoking in public places or, as such laws have been passed, to effectively enforce those laws.
- Many students who smoke expressed the desire to quit smoking and many have even attempted to quit. With the proper assistance and tools, those students could stop smoking forever. Nongovernmental organizations could play a vital role as a resource for youth interested in quitting.
- Many youth were exposed to pro-cigarette advertising and were provided free cigarettes by tobacco company representatives. There is an urgent need to police more strictly the exiting law banning all forms of advertisement of tobacco products and paraphernalia in Egypt .
- To maintain a current understanding of tobacco use and other key indicators among youth and to gauge trends in WHO FCTC and MPOWER uptake and implementation, this survey should be completed at least every four years.
- A comprehensive health promotion strategy and effective and comprehensive tobacco cessation programs need to be formulated to prevent tobacco use and assist school personnel and the general community in quitting.
- School rules and policies should be framed for the prevention and control of tobacco use.

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