

**SAN MARINO 2018 COUNTRY REPORT
GLOBAL YOUTH TOBACCO SURVEY (GYTS)**

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FOREWORD

WHO states that tobacco consumption is the most hazardous preventable cause for chronic non-communicable diseases and premature death. Tobacco use kills more than 7 million people each year. In 2014, the total number of tobacco cigarette smokers amounted to more than 1 billion people, of which about 800 million were men. To achieve reductions in tobacco related morbidity and mortality, prevention of adolescent smoking is an important public health priority and mandatory element of a broader comprehensive smoking prevention effort.

In this report, we present the data from the third stage of GYTS project, held in 2018, regarding tobacco use of adolescents, 13-15 years old, in San Marino, their knowledge, attitudes and beliefs towards tobacco use and are evaluated some other smoking determinants. Regardless of the number of favorable policy changes during the last two-decade the GYTS data give evidence, that adolescent's smoking remains a serious and priority public health issue in San Marino.

In San Marino Health Care and Social Care Plan 2015-2017, tobacco smoking is considered one of the most important risk factors for cardiovascular diseases and cancer and chronic obstructive pulmonary disease (COPD)

Our country has developed several interventions to reduce tobacco consumption, exposure to smoke, forbidding advertising of tobacco products etc.

San Marino is interested in developing a national tobacco surveillance system necessary to understand the problem.

The Health Authority has developed in collaboration with Ministry of Health, Ministry of Instruction San Marino University (Education Department), and the Social Security Institute (ISS -Health and Social Security Provider), since 2013 a multidisciplinary working group on health education that integrate school and health: "Multidisciplinary and inter-sectorial table for the planning and coordination of health promotion and education in school".

Since 2009, the Authority has carried out surveys on lifestyles of young people in primary and secondary schools, especially with respect to the issues of alcohol, smoking and obesity (Childhood Obesity Surveillance Initiative (COSI) (2010, 2012, 2014, 2016, 2019), Health Behaviour in School-aged Children (HBSC) (2010, 2014, 2018) and Global youth tobacco survey (GYTS) (2010, 2014, 2018).

In San Marino initiatives have been developed to counteract incorrect lifestyles that can adversely affect the state of health (alcohol, smoking, drugs, sexual habits). The introduction of the "Multidisciplinary and inter-sectorial table for the planning and coordination of health promotion and education in school" for the management of these issues has been an important step forward, even if more activities and actions need to be taken in the future.

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This report has been prepared by Gabriele Rinaldi, Director of the Health Authority, and is based on the 2018 Global Youth Tobacco Survey findings in San Marino.

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SCHOOLS INVOLVED:

High School - Republic of San Marino:

- Classical High School
- Scientific High School
- Linguistic High School
- Economic High School
- Technical Institute

Lower Middle School - Republic of San Marino (Serravalle and Fonte dell'Ovo)

Professional Training Centre - Republic of San Marino

We would like to thank the Multidisciplinary and inter-sectorial table for the planning and coordination of health promotion and education in school, the School Managers, the Teachers and the young boys and girls who took part in the survey.

EXECUTIVE SUMMARY

Tobacco consumption is the most hazardous preventable cause for chronic non-communicable diseases and premature death. To achieve reductions in tobacco related morbidity and mortality, prevention of adolescent smoking is an important public health priority and mandatory element of a broader comprehensive smoking prevention effort.

OBJECTIVES

The aim of this report is to present the data from the GYTS survey held in 2018 on the tobacco use of San Marino adolescents aged 13-15 years, and evaluate changes in tobacco use, their knowledge, attitudes and beliefs towards tobacco use and some other determinants of smoking. Furthermore it reveals adolescents' exposure to media messages on smoking and to environmental tobacco smoke, the access and availability of tobacco products and the presence of health education on tobacco smoking in the school practice. The San Marino GYTS includes data on prevalence of cigarette and other tobacco use as well as information on five determinants of tobacco use: access/availability and price, exposure to secondhand smoke (SHS), cessation, media and advertising, and school curriculum. These determinants are components that San Marino could include in a comprehensive tobacco control program.

SUBJECTS AND METHODS

The San Marino GYTS was a school-based survey of all students in four schools and 38 classes, grade 3 of middle school and grades 1 and 2 of high school conducted in 2018.

Data collection was carried out by using an internationally standardized questionnaire. This survey was conducted within the frame of the Global Youth Tobacco Survey (GYTS). The San Marino version of the GYTS multiple-choice questionnaire is composed of 61 questions that cover the following topics: tobacco use (smoking and smokeless), cessation, secondhand smoke (SHS), pro- and anti-tobacco media and advertising, access to and availability of tobacco products, and knowledge and attitudes regarding tobacco use. The questionnaire is self-administered; using scannable paper-based bubble sheets, and is anonymous to ensure confidentiality.

RESULTS

The school and class response rate was 100%.

The data of 624 students aged between 13 and 15 years were used: the overall response ratio was 92.6%.

Tobacco Use

7.4% of students (7.3% boys and 7.4% girls) currently used any tobacco products. 7.0% of students (7.0% boys and 7.1% girls) currently smoked tobacco. 6.0% of students (5.9% of boys and 6.0% of girls) smoked cigarettes. 0.6% of students (0.7% of boys and 0.4% of girls) currently used smokeless tobacco. 8.9% of students (9.9% of boys and 7.6% of girls) currently used electronic cigarettes.

Cessation

Almost 4 in 10 (38.3%) current tobacco smokers tried to stop smoking in the past 12 months and almost 5 in 10 (45.7%) of them wanted to stop smoking now.

Secondhand Smoke

33.2% of students were exposed to tobacco smoke at home. 41.4% of students were exposed to tobacco smoke inside enclosed public places.

Access & Availability

37.5% of current cigarette smokers bought cigarettes from a store, shop, street vendor, or kiosk. 74.8% among current cigarette smokers who tried to buy cigarettes were not prevented from buying them because their age.

Media

More than 5 in 10 (51.6%) students noticed anti-tobacco messages in the media. Almost 3 in 10 students (25.2%) noticed tobacco advertisements or promotions when visiting points of sale. Almost 1 in 10 students (8.0%) had something with a tobacco brand logo on it.

Knowledge & attitudes

49.3% of students definitely thought other people's tobacco smoking is harmful to them.

Comparison to Previous Global Youth Tobacco Surveys

In term of cigarette smoking a significant downward trend in this indicator between previous survey is established (from 11.2% in 2010 to 12.7% in 2014 to 6.0% in 2018); but an upward trend is present in the use of electronic cigarettes (from 5.9% in 2014 to 8.9% in 2018). A downward trend is present in the percentage of current tobacco smokers tried to stop smoking in the past 12 months (51.5% in 2010, 42.1% in 2014 and 38.3% in 2018), but an upward trend is present in current smokers that want to stop smoking (27.8% in 2010, 34.2% in 2014 vs 45.7% in 2018). A downward trend is present in secondhand smoke: students exposed to tobacco smoke at home downward from 33.3% in 2010, 36.5% in 2014 and 33.2% in 2018 and students exposed to tobacco smoke inside enclosed public places downward from 48.0% in 2014 to 41.4% in 2018. The percentage of students that were not prevented from buying cigarettes because of their age downward from 93.0% in 2010, 82.0% in 2014 and 74.8% in 2018. The percentage of students noticed students noticed anti-tobacco messages in the media downward from 89.7% in 2010, to 54.2% in 2014 to 51.6% in 2018, students had something with a tobacco brand logo on it 10.2% 2010, 8.0% 2014 and 8.0% in 2018. The data show a downward of students that definitely thought other people's tobacco smoking is harmful to them from 64.3% in 2010 to 54.4% in 2014 to 49.3% in 2018. An upward data trend, showing a susceptibility of nonsmokers to start smoking, is observed between the first two GYTS stages and is confirmed in third (33.9% in 2010 vs. 35.8% in 2014 and 34.9% in 2018).

CONCLUSION AND RECOMMENDATIONS

Results of the 2018 "Global Youth Tobacco Survey, San Marino" provide information about the dynamic of this phenomenon among the San Marino students aged 13-15. Regardless of the number of favorable

policy changes during the last decade, GYTS data ensure evidence, that children's smoking remains a serious problem and a priority of public health issue in San Marino. They outline the imperative need of development and implementation of qualitatively new approaches and preventive programs yet in the youngest school age, to prevent the “initial” use of cigarettes or to postpone maximally the start of smoking and to provide support for smokers willing to quit smoking in addition to preventing the great majority of high susceptible non-smokers from starting may be an important first step.

There is an urgent need to reduce smoking prevalence among young people. To achieve this, we need: to develop effective tobacco control prevention and cessation programs especially for youth, to disseminate existing good programs expansively, to give more information on tobacco use not only to students but also to their environment (e.g. the family).

1. INTRODUCTION

On the global scale tobacco smoking is one of the leading preventable causes of morbidity and mortality. Tobacco smoking is a largely confirmed cause of carcinogenesis, cardiovascular and respiratory diseases and the exacerbation of chronic health conditions. Furthermore, studies have also demonstrated increasingly significant negative health consequences of exposure to secondhand tobacco smoke.

Despite the already established negative health consequences and the increased public awareness about the diseases caused by smoking, the use of tobacco products is still widespread. According to data information from the World Health Organization (WHO), the total number of smokers in the world is 1.3 billion; 250 millions of them are under the age of 18 years. Every year over 5.6 million people worldwide die prematurely from diseases associated with tobacco use and 1 in 8 deaths among the population aged 30 and older being caused by tobacco smoking. By 2030, the mortality rate is expected to reach 8 million per year, if this trend continues as usual.

In San Marino tobacco smoking among children and adolescents is a problem. In 2010 and 2014 GYTS surveys among 13-15-year-old students, demonstrated that 26.9% (2010) and 27.9% (2014) of all students had tried or experimented with tobacco smoking and current smokers represented 11.2% (2010) and 12.9% (2014). Among the students who have never smoked, the percentage susceptible to tobacco use in the future was high 33.9% (2010) and 35.8% (2014). The percentage of students who considered secondhand smoke dangerous was not very high 64.3% (2010) and 54.4% (2014). The percentage of students current smokers who were not prevented from buying cigarettes because of their age was very high 93% (2010) and 82% (2014), and a high percentage of students thought that smoking tobacco helps people feel more comfortable at parties and social gatherings, 36.1% (2010) and 38.6% (2014).

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 present comprehensive tobacco prevention and control information on young people. The GYTS provides a global standard to systematically monitor youth tobacco use and track key tobacco control indicators. GYTS is a nationally representative school-based survey of students 13-15 years of age, using a consistent and standard protocol across countries. It is intended to generate comparable data within and across countries.

1.1 Country Demographics

San Marino is a Member State of the WHO EUROPEAN REGION and is considered an high income country. San Marino is a small country with 33,574 inhabitants (as of 31/12/2019). It is one of the countries with the highest life expectancy at birth in the world (83.2 for males and 86.9 for females). The population by age group is composed of:

- 0 to 14 years 4,623 (13.77%)
- 15 to 64 years 22,121 (65.89%)
- 65 to 74 years 3,455 (10.29%)

- 75 years and over 3,375 (10.05%).

The ageing index is increasing and at 31/12/2019 it reached 147.74. Since 2017, the Net Births and Deaths Total has become negative due to a considerable contraction in births, largely due to a decrease in the number of women of childbearing age, and a decrease in the number of children per woman.

1.2 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 56th 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 surveillance, research, 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.

1.3 Purpose and Rationale

GYTS enhances 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 San Marino's participation in the GYTS includes the following:

- 1) Among the causes of death, non-communicable diseases (cancers, cardiovascular diseases and respiratory diseases) account for about 80% of the total causes of death. The burden of diseases related to tobacco smoking such as Chronic Obstructive Pulmonary Disease (COPD),

Cardiovascular Disease, Lung and Bladder cancer that affect the population of San Marino is very high, but we have no data about DALYs.

The following table shows COPD data in San Marino patients classified for gender and smoke attitude (2018):

PATIENTS WITH COPD VISITED IN PNEUMOLOGY UNIT IN 2018	FEMALE	MALE	TOTAL
EX-SMOKERS	79	165	244
SMOKERS	45	49	94
NO-SMOKERS	7	8	15
TOTAL	131	222	353
PATIENTS WITH COPD VISITED IN PNEUMOLOGY UNIT IN 2018 (%)	FEMALE	MALE	TOTAL
EX-SMOKERS	60%	74%	69%
SMOKERS	34%	22%	27%
NO-SMOKERS	5%	4%	4%
	100%	100%	100%

The number of patients found to have chronic obstructive pulmonary disease (COPD) in 2018 was 353 and 63% of them were male. 96% of these patients were smokers or ex-smokers.

The following table shows a historical series from 2001 to 2018 of deaths from these specific causes related to tobacco use in absolute values and percentages. e.g. after the introduction of the smoking ban law in 2008, a decline in bronchus and lung cancer can be seen, while deaths from respiratory diseases increase.

Unfortunately, there is a lack of data on adult lifestyles because no adult surveillance surveys are yet carried out in San Marino. This will be a goal for the future.

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Cancer																		
bronchus and lung	14	9	11	8	19	16	21	12	17	9	17	15	21	18	15	15	11	10
bladder	0	5	2	8	3	6	3	3	1	2	4	2	3	4	5	3	5	3
Circulatory system diseases																		
hypertensive diseases		2	4	1	2	1		1		1	6	10	8	11	3	6	16	14
ischemic cardiopathy	12	8	13	7	9	6	6	6	4	14	15	8	12	19	11	15	8	14
other forms of heart disease	58	38	43	50	55	73	61	71	55	63	19	28	28	39	28	38	34	29
cerebrovascular diseases	25	27	17	22	28	28	31	20	41	28	23	22	26	19	19	19	28	19
Diseases of the respiratory system																		
Chronic lower respiratory tract diseases		4	2	1	1	2		1	2	1	14	11	12	15	23	18	21	19
Total mortality	195	203	216	185	219	225	225	190	233	222	222	237	247	252	235	253	278	244
	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Cancer																		
bronchus and lung	7,2%	4,4%	5,1%	4,3%	8,7%	7,1%	9,3%	6,3%	7,3%	4,1%	7,7%	6,3%	8,5%	7,1%	6,4%	5,9%	4,0%	4,1%
bladder	0,0%	2,5%	0,9%	4,3%	1,4%	2,7%	1,3%	1,6%	0,4%	0,9%	1,8%	0,8%	1,2%	1,6%	2,1%	1,2%	1,8%	1,2%
Circulatory system diseases																		
hypertensive diseases	0,0%	1,0%	1,9%	0,5%	0,9%	0,4%	0,0%	0,5%	0,0%	0,5%	2,7%	4,2%	3,2%	4,4%	1,3%	2,4%	5,8%	5,7%
ischemic cardiopathy	6,2%	3,9%	6,0%	3,8%	4,1%	2,7%	2,7%	3,2%	1,7%	6,3%	6,8%	3,4%	4,9%	7,5%	4,7%	5,9%	2,9%	5,7%
other forms of heart disease	29,7%	18,7%	19,9%	27,0%	25,1%	32,4%	27,1%	37,4%	23,6%	28,4%	8,6%	11,8%	11,3%	15,5%	11,9%	15,0%	12,2%	11,9%
cerebrovascular diseases	12,8%	13,3%	7,9%	11,9%	12,8%	12,4%	13,8%	10,5%	17,6%	12,6%	10,4%	9,3%	10,5%	7,5%	8,1%	7,5%	10,1%	7,8%
Diseases of the respiratory system																		
Chronic lower respiratory tract diseases	0,0%	2,0%	0,9%	0,5%	0,5%	0,9%	0,0%	0,5%	0,9%	0,5%	6,3%	4,6%	4,9%	6,0%	9,8%	7,1%	7,6%	7,8%
Total mortality	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

2) Public and family attitudes to smoking as a social activity, sale of tobacco products to minors, 13-15 years old non-smokers, susceptible to smoke in a very near future. GYTS 2018 enable the detection of specific mechanism and possibilities for overcoming this unfavorable tendency.

3) Further questions arise from the increasing use of electronic cigarettes. Only a representative international survey based on a common methodology, which will consequently allow comparative results between different countries, may reveal the full picture of such tendencies and provide qualitative data to develop fundamentally new interventions to prevent starting smoking and restrict the use of the tobacco products, different from the widespread ones.

4) Changes in attitudes towards tobacco smoking, the deliberately targeted recruitment of groups into the use of tobacco products and the transfer of risks and damages between generations constitute the main characteristics of the aforementioned dangerous self-sustaining process of active involvement in tobacco smoking that must be restricted and ceased.

5) The widespread distribution and commercialization of a physical dependence turns the problem into a complex multisectorial social process. It should be studied with sufficient number of specialized and at the same time universal tools.

6) Introduce the assessment of the economic impact among the revenue derived from the taxation of tobacco products and the costs to be incurred for premature mortality, the costs for care of diseases and absenteeism due to use of tobacco.

In this context the third stage of the Global Youth Tobacco Survey, San Marino 2018, is of decisive importance for the continuous monitoring not only for the aim of studying generation trends, but to plan and develop adequate measures and interventions aiming to prevent the smoking initiation and reduce tobacco use among students.

1.4 Current State of Policy

Policy on Tobacco Control is one of the most effective means of lowering the trend in smoking prevalence and tobacco related morbidity and mortality. Currently, in San Marino, there is comprehensive legal frame of tobacco control policies that align with MPOWER recommendations in place. Specific directions on tobacco control include legislative acts associated with smoking in enclosed workplaces and public places; advertising and sponsorship of tobacco products; regulating the sale of tobacco products - including minimum permissible age for purchase/sale; legal provisions defining the identification and legal regulation of the product, which, in turn, includes information for the consumer on the concentration of harmful and toxic substances in cigarettes (nicotine, tar, carbon monoxide), the negative health effects of tobacco use (health warnings) etc. In addition to that, in the group of legislative acts are also comprised pricing policies, taxes and measures against illegal imports as well as others through which by the path of fiscal and legal-regulatory mechanisms are achieved availability restrictions on tobacco products.

Some of these laws:

San Marino by Decree No 86 of 22 June 2004, ratified the framework convention of the World Health Organization for tobacco control done in Geneva on 21 may 2003.

Law No. 52 of 20 March 2008 "Protection of Public Health from Exposure to Tobacco Smoke" bans smoking in public places and also bans the sale of tobacco products (cigarettes, cigars and other products) to minors under the age of 18.

Delegated Decree No 145 of 28 November 2008 imposes the "prohibition of advertisement, promotion and display of tobacco products".

Delegated Decree No 76 of 6 July 2017 "Provisions on the sale and use of electronic cigarettes" that regulate the purchase of electronic cigarettes.

Decree n 26 of 4 June 2013 for the constitution of "Multidisciplinary and inter-sectorial table for the planning and coordination of health promotion and education in school"

San Marino is a small country and produces very few tobacco products. 99% of the products are imported and carry warnings on their packaging about dangers of smoking. Even on the few products produced in San Marino, the warnings are on the packaging.

National program for the prevention of chronic non-communicable diseases described in San Marino Health Plan is focused on multiple NCD risk factors; uses an integrated approach and combines various strategies, including policy development, capacity building, partnership and information support at all levels. A combination of population and high-risk strategies that interconnects all components of health system, such as health promotion, public health services, primary care and hospital care, is applied. One of the main goals of the Program refers to reducing the level of the most common risk factors for NCDs by decreasing the prevalence of smoking, alcohol abuse, improving the nutrition and increasing the physical activity. The overall targets of reducing tobacco use consist in: reducing the percentage of cigarette smoking initiation in children aged 13 by 50%, Increasing the number of patients - regular smokers, who received advice from their doctor to quit using tobacco products, up to 50%; Reducing to zero the number of pregnant women, who smoke during pregnancy.

1.5 Other Tobacco Surveys

The GYTS was conducted in San Marino in 2010-2014-2018. In addition to the GYTS, the following surveys were implemented in San Marino where smoking is investigated: HBSC 2010-2014-2018,

1.6 Country Specific Objectives

- *Reduce the number of students 13-15 years old exposed to second-hand smoke at home from 33.2% in 2018 to 25% in 2022*
- *Reduce the number of students 13-15 years old exposed to second-hand smoke inside enclosed public place from 41.4% in 2018 to 20% in 2022*
- *Reduce current tobacco use in students 13-15 years old from 7.4% in 2018 to 5% in 2022*
- *Reduce current cigarettes users in students 13-15 years old from 6% in 2018 to 5% in 2022*
- *Reduce the use of electronic in students 13-15 years old from 8.9% in 2018 to 4% in 2022.*
- *Increase tobacco use cessation attempts in students 13-15 from 38.3% in 2018 to 65% in 2022.*

- *Reduce the number of never tobacco users susceptible to tobacco use in the future in San Marino in students 13-15 years old from 34.9% in 2018 to 15% in 2022;*
- *Reduce the percentage of death caused by NCD from 80% in 2018 to 75% in 2022*

2. METHODOLOGY

2.1 Questionnaire

The GYTS questionnaire contained 61 multiple-choice questions. The survey included 36 questions from the GYTS Standard Core Questionnaire, 15 selected optional questions, and 7 country-specific questions and 3 questions on electronic cigarettes. The final questionnaire was translated into Italian language and back-translated into English to check for accuracy. The 2018 San Marino questionnaire is provided in **Appendix A**.

2.2 Sampling Design

Since San Marino is a small country, a sample survey was not carried out, but all schools and all classes of middle and high schools in the territory were considered.

The 2018 San Marino GYTS is a school-based survey, all students attending middle and high schools in the Republic of San Marino are interviewed. Parents were asked whether they agreed to their child taking part in the survey and if so, whether they would like to do so.

The GYTS was conducted in all schools and 38 classrooms. 624 students participated in the GYTS 98% of the total number of participants.

2.3 Data Collection

Data collection took place from 23/04/2018 to 27/08/2018, and was supported by 12 field staff.

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

2.4 Data Analysis

A weighting factor was applied to each student record to adjust for probability of selection, non-response, and post-stratification adjustment to population estimates. 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). Frequency tables were developed for the survey questions that are considered key tobacco control indicators from the GYTS. Indicators are in accordance with the WHO FCTC and MPOWER technical package.

Table 1 provides the number of schools, classes, students and response rate information. For the 2018 San Marino GYTS, 624 questionnaires were completed in 4 schools. A total of 624 students participated in the GYTS of which 544 were aged 13 to 15 years; Male: 292 (54%), Female: 252 (46%). The school response rate was 100%, the class response rate was 100%, and the student response rate was 92.6%. The overall response rate was 92.6%.

Table 1: School, Classes, Student and response rates – GYTS San Marino, 2018.

	San Marino
	A
<i>School Level</i>	
Number of Schools	4
Number of Participating Schools	4
School Response Rate (%)	100%
<i>Class Level</i>	
Number of Classes	38
Number of Participating Classes	38
Class Response Rate (%)	100%
<i>Student Level</i>	
Number of Students	678
Number of Participating Students	624
Student Response Rate (%)	92.6%
Overall Response Rate (%)¹	92.6%

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

3. RESULTS

3.1 Tobacco Use

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

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Smoked Tobacco			
Current tobacco smokers ¹	7.0 (6.4 - 7.7)	7.0 (6.2 - 7.9)	7.1 (6.2 - 8.0)
Current cigarette smokers ²	6.0 (5.4 - 6.5)	5.9 (5.2 - 6.7)	6.0 (5.2 - 6.9)
Frequent cigarette smokers ³	0.9 (0.7 - 1.2)	0.7 (0.5 - 1.0)	1.2 (0.9 - 1.6)
Current smokers of other tobacco ⁴	1.2 (1.0 - 1.5)	1.2 (0.9 - 1.7)	1.2 (0.8 - 1.6)
Ever tobacco smokers ⁵	23.9 (22.9 - 25.0)	28.6 (27.2 - 30.1)	18.5 (17.2 - 19.9)
Ever cigarette smokers ⁶	20.0 (19.1 - 21.0)	23.5 (22.2 - 24.9)	16.0 (14.7 - 17.3)
Ever smokers of other tobacco ⁷	7.8 (7.2 - 8.5)	9.7 (8.8 - 10.8)	5.7 (4.9 - 6.6)
Electronics Cigarettes smokers	8.9	9.9	7.6
Smokeless Tobacco			
Current smokeless tobacco users ⁸	0.6 (0.4 - 0.8)	0.7 (0.5 - 1.1)	0.4 (0.2 - 0.6)
Ever smokeless tobacco users ⁹	3.1 (2.7 - 3.6)	4.2 (3.6 - 4.9)	1.9 (1.5 - 2.4)
Tobacco Use			
Current tobacco users ¹⁰	7.4 (6.8 - 8.0)	7.3 (6.5 - 8.2)	7.4 (6.6 - 8.4)
Ever tobacco users ¹¹	25.4 (24.4 - 26.5)	30.8 (29.3 - 32.3)	19.3 (17.9 - 20.7)
Susceptibility to Tobacco Use			
Never tobacco users susceptible to tobacco use in the future ¹²	34.9 (33.6 - 36.3)	34.0 (32.2 - 35.9)	35.9 (34.0 - 37.8)
Never tobacco smokers who thought they might enjoy smoking a cigarette ¹³	10.2 (9.4 - 11.1)	7.9 (6.9 - 9.0)	12.5 (11.2 - 13.8)

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 used smokeless tobacco. ¹² Susceptible to future tobacco use includes 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”.

The 2018 results (table 2) show that in San Marino 6,0% of the students are current cigarettes smokers the percentage is similar among boys and girls. 7.0% are current tobacco smoker and 0.9% are frequent cigarette smokers. 23.9% of the studied population has ever smoked tobacco more boys (28.6%) than girls (18.5%). 20.0% of the students have ever smoked cigarettes, more boys (23,5%) than girls (16%) (%). About 9.0% of smokers are currently smoke electronic cigarette more boys (9.9%) than girls (7.6%).

For all indicators , an age differences is found out between 13, 14 and 15 years old students increase with age.

SMOKELESS TOBACCO

The group of smokeless tobacco user is very little.

TOBACCO USE

The results show that 25.4% of students are ever tobacco user more boys (30.8%) than girls (19.3%). 7.4% are current tobacco users, the percentage is similar between boys and girls.

Increased of tobacco experimentation is found out between 13, 14 and 15 years old students.

SUSCEPTIBILITY TO TOBACCO USE

34.9% of students indicate that they are likely to initiate smoking in the future, more girls (35.9%) than boys (34.0%).

Among never smokers 10.2% think they might enjoy smoking a cigarette, more girls (12.5%) than boys (7.9%). Slight Increase of tobacco susceptibility is found related to 13, 14 and 15 years old students.

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

Number of cigarettes usually smoked ¹	Overall	Boys	Girls
		<i>Percentage (95% CI)</i>	
Less than 1 per day	40.1 (35.4 – 45.0)	52.6 (45.8 – 59.2)	26.2 (20.4 – 32.9)
1 per day	15.5 (12.3 – 19.4)	17.4 (12.9-23.1)	13.3 (9.2 -19.0)
2 to 5 per day	28.7 (24.5 – 33.4)	18.4 (13.7 - 24.3)	40.2 (33.4-47.4)
6 to 10 per day	6.5 (4.5 – 9.5)	0	13.8 (9.5 – 19.6)
11 to 20 per day	6.1 (4.2 – 8.9)	5.8 (3.4 – 9.9)	6.5 (3.7-10.9)
More than 20 per day	3.1 (1.8 – 5.2)	5.8 (3.4 – 9.8)	0
Total	100	100	100

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

The 55.6% of the interviewed smoke a maximum of 1 cigarette a day (more boys 70% than girls 39.5%), 28.7% smoke 2 to 5 cigarettes a day (more girls 40.2 than boys 18.4%). Using the indicator “Intensive smokers” e.g. those current cigarette smokers who smoke 6 or more cigarettes per day, the results show that in this group belongs 15.7% of current smokers, with boys (11.6%) and girls (20.3%) and none of the boys smoke 6-10 cigarettes per day and none of the girls smoke more than 20 cigarettes per day. The intensive smokers are 15 years old students more then other group

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

Age when first trying a cigarette ¹	Overall	Boys	Girls
		<i>Percentage (95% CI)</i>	
7 years old or younger	4.7 (3.7 - 6.0)	7.4 (5.9 - 9.4)	0.0
8 or 9 years old	3.9 (3.0 - 5.1)	6.2 (4.8 - 8.1)	0.0
10 or 11 years old	7.9 (6.5 - 9.5)	7.7 (6.0 - 9.7)	8.1 (6.0 - 11.0)
12 or 13 years old	40.3 (37.6 - 43.0)	31.2 (28.1 - 34.5)	55.7 (51.1 - 60.3)
14 or 15 years old	43.2 (40.5 - 46.0)	47.4 (44.0 - 50.9)	36.1 (31.8 - 40.7)
Total	100	100	100

¹ Among those that have ever tried a cigarette.

16% started smoking before the age of 12. 40.3% started between the ages of 12 and 13. Girls generally start later.

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

	Overall	Boys	Girls
		<i>Percentage (95% CI)</i>	
Signs of smoking dependence ¹	38.2 (33.7-42.9)	23.2 (18.0 – 29.3)	53.0 (46.3 – 59.7)

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.

About 38% of smokers show signs of addiction. More females than males

3.2 Cessation

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

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Current tobacco smokers who...			
Tried to stop smoking in the past 12 months	38.3 (33.6 – 43.3)	33.1 (26.7 – 40.1)	43.2 (36.5 – 50.1)
Want to stop smoking now	45.7 (39.9 – 51.6)	50.4 (41.7 – 59.1)	41.9 (34.2 – 49.9)
Thought they would be able to stop smoking if they wanted to	86.3 (82.3 – 89.4)	86.9 (81.3 – 91.0)	85.7 (79.7 -90.1)
Have ever received help/advice from a program or professional to stop smoking	0	0	0

Among students who smoke more than 38.3%, he tried to quit smoking in the year before the survey. (more boys 43.2% than girls 33.1%)

45.7% would like to quit smoking immediately and are convinced they can do almost all the interviewees (86%). more boys 50.4% than girls 41.9%) and 86.3% think that they are able to stop if they want. (more boys 86.9% than girls 85.7%).

None have received help or have been informed of support programs to stop smoking

3.3 Secondhand Smoke

Table 7: Students 13-15 years old who were exposed to tobacco smoke, by gender – GYTS San Marino, 2018.

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Exposed to tobacco smoke at home in the past 7 days	33.2 (32.1 - 34.3)	30.2 (28.7 - 31.7)	36.6 (35.0 - 38.3)
Exposed to tobacco smoke inside any enclosed public place in the past 7 days	41.4 (40.2 - 42.6)	36.1 (34.5 - 37.6)	47.5 (45.7 - 49.2)
Exposed to tobacco smoke at any outdoor public place in the past 7 days in	73.0 (71.9 - 74.0)	65.8 (64.2 - 67.4)	81.1 (79.7 - 82.4)

The table 7 presents the secondhand smoke at different locations. 33.2% of students (more girls 36.6% than boys 30.2%) reported exposure to secondhand smoke at home. 41.4% of students (more girls 47.5% than boys 36.1%) reported exposure to secondhand smoke in enclosed public spaces and 73% of students (more girls 81.1% than boys 65.8%) reported exposure to secondhand smoke at any outdoor public place.

3.4 Access and Availability

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

Source ¹	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Purchased from a store or shop	34.4 (29.6 – 39.2)	38.0 (31.5 – 45.0)	30.0 (23.6 – 37.3)
Purchased from a street vendor or kiosk	3.2 (1.9 – 5.5)	6.1 (3.5- 10.4)	0
Purchased from a vending machine	6.9 (4.7 – 10.0)	0	14.5 (10.0 – 20.6)
Got them from someone else	19.9 (16.2 – 24.3)	13.1 (9.0 – 18.6)	27.6 (21.5 – 34.6)
Got them some other way	35.8 (31.1 – 40.7)	42.8 (36.1 – 49.8)	27.9 (21.8 - 35.0)
Total	100	100	100

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

35.8% (more boys 42.8% than girls 27.9%) of the current smokers indicated to buy cigarettes in ways other than those presented. 34.4% of current smokers had bought cigarettes from a store or shop (more boys 38% than girls 30%), 19.9% (more girls 27.6% than boys 13.1%) get from someone else.

It could be denoted that “street vendors” in San Marino is not allowed.

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

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Current cigarette smokers who were not prevented from buying cigarettes because of their age ¹	74.8 (68.2 – 80.3)	87.3 (79.2 – 92.6)	62.6 (52.8 – 71.6)

¹ Among those who tried to buy cigarettes during the past 30 days.

74.8% of students current smokers, in this survey, reported that is not been refused purchase because of their age (more boys 87.3% than girls 62.6%).

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

Unit of purchase ¹	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Pack	67.3 (61.4 – 72.7)	40.4 (32.2 – 49.3)	90.9 (84.8 – 94.7)
Carton	4.8 (2.8 – 8.2)	0	9.1 (5.3 -15.2)
Loose tobacco for hand-rolled cigarettes	27.8 (22.8 – 33.5)	59.6 (50.7 – 67.8)	0
Total	100	100	100

¹ Based on the last purchase, among those who bought cigarettes during the past 30 days.

Two-thirds of current smokers (67.3% more girls 90.9% than boys 40.4%) buy cigarettes in pack and the use of tobacco is also widespread buy loose tobacco for hand-rolled cigarettes (among males only).

Table 11: Cost of cigarettes among students 13-15 years old, by gender – GYTS San Marino, 2018.

Cost of a pack (20 cigarettes) ¹	Overall	Boys		Girls	
		<i>Percentage (95% CI)</i>			
Less than 3 euros	9.5 (8.9 - 10.3)	9.7 (8.8 - 10.7)	9.3 (8.3 - 10.4)		
3-5 euros	59.2 (58.0 - 60.4)	53.7 (52.1 - 55.4)	65.4 (63.7 - 67.0)		
6-10 euros	27.0 (25.9 - 28.0)	31.4 (29.9 - 33.0)	21.9 (20.5 - 23.4)		
More than 10 euros	4.3 (3.8 - 4.8)	5.1 (4.4 - 5.9)	3.4 (2.8 - 4.1)		
Total	100	100	100		

The majority of respondents (86.2%) know the exact price of cigarette packets between 5 and 6 euros.

3.5 Media

3.5.1 Anti-Tobacco

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

	Overall	Boys		Girls	
		<i>Percentage (95% CI)</i>			
Noticed anti-tobacco messages in the media ¹ in the past 30 days ²	51.6 (50.4 - 52.8)	52.6 (50.9 - 54.2)	50.5 (48.7 - 52.2)		
<i>Noticed anti-tobacco messages at sporting or community events</i>					
Among all students in the past 30 days	21.7 (20.7 - 22.7)	24.4 (23.0 - 25.8)	18.6 (17.3 - 20.0)		
Among those who attended sporting or community events in the past 30 days	45.1 (43.4 - 46.9)	46.3 (44.1 - 48.6)	43.4 (40.8 - 46.1)		
Taught in school about the dangers of tobacco use in the past 12 months ²	65.9 (64.8 - 67.0)	62.4 (60.8 - 64.0)	69.9 (68.3 - 71.5)		

¹ For example, television, radio, internet, billboards, posters, newspapers, magazines, movies.

² Among all students aged 13-15 years old.

Half (51.6%, the percentage is quite similar for boys and girls) of the interviewed have seen anti-tobacco smoking media messages, and 65.9% (69.9% girls and 62.4% boys) received information about the danger of tobacco use at school. Lesser percentage of students are noticed in other contexts (sporting or community events).

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

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Current tobacco smokers who noticed health warnings on cigarette packages [†]	88.5 (85.1 - 91.2)	78.3 (72.4 – 83.2)	100
<i>Thought about quitting smoking because of health warnings on cigarette packages[†]</i>			
Among current tobacco smokers	33.4 (29.3 - 37.7)	24.3 (19.4-29.9)	43.6(37.3 – 50.2)
Among current tobacco smokers who noticed health warnings	37.7 (33.2 – 42.4)	31.0 (25.0 – 37.7)	43.6 (37.3 – 50.2)
Never tobacco smokers who thought about not starting smoking because of health warnings on cigarette packages ^{†,1}	55.9 (54.2 - 57.5)	54.8 (52.4 - 57.1)	57.0 (54.7 - 59.3)

[†] During the past 30 days.

¹ Among never tobacco smokers who noticed health warnings on cigarette packages in the past 30 days.

88.5% (more girls 100% than boys 78.3%) of respondents had noticed health warnings on cigarette packs, but only 33.4% (more girls than boys) of smokers believe that they could stop smoking in relation to these warning signs. Among the non-smokers 55.9% believe that they would not start smoking because of these reports.

3.5.2 Tobacco Marketing

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

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
<i>Noticed tobacco advertisements or promotions at points of sale</i>			
Among all students in the past 30 days	16.7 (15.9 - 17.6)	16.8 (15.6 - 18.1)	16.6 (15.4 - 18.0)
Among those who visited a point of sale in the past 30 days	25.2 (23.9 - 26.5)	24.5 (22.8 - 26.2)	26.0 (24.1 - 28.0)
<i>Noticed anyone using tobacco on television, videos, or movies</i>			
Among all students in the past 30 days	74.3 (73.2 - 75.3)	70.8 (69.2 - 72.2)	78.2 (76.8 - 79.7)
Among those who watched television, videos, or movies in the past 30 days	81.3 (80.3 - 82.3)	77.3 (75.9 - 78.7)	85.8 (84.5 - 87.0)
Ever offered a free tobacco product from a tobacco company representative	5.3 (4.7 - 5.8)	5.9 (5.1 - 6.7)	4.5 (3.8 - 5.3)

Respondents saw promotional messages on cigarettes on TV (81.3%), points of sale (16.7% all students and 25.2% among those who went to the point of sale). In the group of those who have accessed points

of sale the proportion rise significantly. 5.3 % of students have been offered a free tobacco product from a tobacco company representative. No significant gender differences are found for these indicators

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

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Students who owned something with a tobacco brand logo on it ¹	8.0 (7.3 - 8.7)	11.4 (10.3 - 12.5)	4.1 (3.5 - 4.9)
Never tobacco users who owned something with a tobacco brand logo on it or might in the future ^{2,3}	42.6 (41.3 - 44.0)	46.4 (44.5 - 48.4)	38.9 (37.0 - 40.8)

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).

The 8% (more boys 11.4% than girls 4.1%) of students have personal items that refer to cigarette brands and 42.6% (more boys 46.4% than girls 38.9%) of those who do not smoke bought items bearing cigarette brands.

3.6 Knowledge and Attitudes

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

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
Students who...			
Definitely thought it is difficult to quit once someone starts smoking tobacco	39.6 (38.4 - 40.8)	37.9 (36.3 - 39.5)	41.5 (39.8 - 43.3)
Thought smoking tobacco helps people feel more comfortable at celebrations, parties, and social gatherings	43.3 (42.1 - 44.5)	45.1 (43.5 - 46.8)	41.2 (39.5 - 43.0)

About 40% (the percentage is quite similar between sex) of respondents believe it is difficult to stop smoking. 43,3% (more boys 45.1% than girls 41.2%) believes that smoking tobacco helps people feel more comfortable at events.

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

	Overall	Boys	Girls
	<i>Percentage (95% CI)</i>		
<i>Students who...</i>			
Definitely thought other people’s tobacco smoking is harmful to them	49.3 (48.1 - 50.5)	49.5 (47.9 - 51.1)	49.2 (47.4 - 50.9)
Favored banning smoking at outdoor public places	73.1 (72.0 - 74.1)	70.5 (69.0 - 72.0)	76.0 (74.5 - 77.5)

49.3% of respondents believe that the smoke of others is dangerous for them and 73.1% would be in favor of the ban on smoking in outdoor areas open to the public

4. DISCUSSION

Adolescence is a key period of human development. Behavior patterns of great consequence for later life are established during this time. In particular, adoption of unhealthy lifestyle in terms of smoking and drinking, in this age stage, is known to cause future health problems that will reduce both life expectancy and quality of life.

The GYTS-2018 turns up after a 14-years period when some major tobacco control law and prevention events occur in San Marino. In the meantime, San Marino on 2004 ratified the WHO Framework Convention for Tobacco Control (FCTC). On 2008, San Marino adopted the law that prohibit smoking in public places and ban purchase of tobacco products to minor of the age of 18. On 2008 San Marino adopted the Delegated Decree that imposes the “prohibition of advertisement, promotion and display of tobacco products”. On 2013 was established “Multidisciplinary and inter-sectorial table for the planning and coordination of health promotion and education in school”. On 2014 was approved the San Marino Health Plan with the National program for the prevention of chronic non-communicable diseases.

4.1 Discussion of Survey Findings

Tobacco Use

- *Overall, 6.0% of students currently smoked cigarettes.*
- *One in 10 students currently used tobacco products other than cigarettes (e.g., smokeless tobacco, and electronic cigarettes).*
- *Cigarette smoking was significantly higher than other tobacco use, but the electronics cigarettes use is the highest.*

In term of cigarette smoking a significant downward trend in this indicator between in respect of previous survey is established (from 11.2% in 2010 to 12.7% in 2014 to 6.0% in 2018), but an upward trend is present in the use of electronic cigarettes (from 5.9% in 2014 to 8.9% in 2018). The e-cigarette consists of an electric power supply (usually a battery), a metal heating element, and a liquid. This liquid contains humectants (typically propylene glycol and/or glycerin), flavorings, and nicotine, even if non-containing nicotine liquids are available⁵⁵. It may also include some of the same toxicants as cigarette smoke, such as tobacco-specific nitrosamines and metals. Although e-cigarettes deliver many fewer toxic substances at much lower levels than conventional cigarettes, they contain nicotine, in doses designed to imitate cigarettes. Exposure to high amount of nicotine can be toxic as most e-cigarette users are current or former smokers, and dual use of regular tobacco cigarettes and e-cigarettes is common. The increase in the use of e-cigarettes is alarming because some surveys demonstrate that experimental e-cigarette use in never-smoking youth may increase risk of subsequent initiation of cigarettes and other combustible products during the transition to adulthood. Other alarming data from GYTS-2018 demonstrate an early smoking initiation with 40% of smoker students, experimenting with tobacco before the age of 13 and 16,5% before 12 . The group of early experimenters comprise more boys than girls. It has been outlined that gender differences in smoking initiation persists during all 3 stages GYTS. This data is of particular concern because adolescents, who start smoking at a younger age, are more likely to become regular smokers as adults, smoke more cigarettes per day in adulthood, smoke for longer and are less likely to quit during an age period when growth and development are not complete and susceptibility to the detrimental effects of tobacco smoke is higher than in adulthood. In term of cigarette smoking there is a downward but the smokers, smoke more cigarettes per day. For many of the smoking related chronic non-communicable diseases, the risks increase with the duration

and cumulated amount, the behavior prevention of adolescent smoking is one of the essential components of the efforts to reduce overall prevalence of smoking and its consequences in terms of smoking related morbidity and mortality.²

An upward data trend, showing a susceptibility of nonsmokers to start smoking, is observed between the first two GYTS stages and is confirmed in third (33.9 % in 2010 vs. 35.8% in 2014 and 34.9% in 2018).

This aspect is of particular concern represent a quite serious problem for public health also in relation to the fact that this percentage remain similar in respect of previous GYTS and is of great concern, because this group may be more open to social and media influences that encourage them to experiment with tobacco and become regular smokers. The main reasons for focusing the preventive measures on this age group are based on the results of GYTS and those of numerous studies, providing evidence that if smoking does not start in childhood, the probability of later onset is low, and on data, showing that the chance of an adult smoker to quit is inversely related to the age of smoking initiation. Therefore the prevention of the smoking initiation in adolescence should be one of the essential components of the efforts to reduce overall prevalence of smoking and its consequences in terms of smoking related morbidity and mortality.

Cessation

- *Overall, 38.3% of students who currently smoke cigarettes reported that they desired to stop smoking.*

A downward trend is present in the percentage of current tobacco smokers tried to stop smoking in the past 12 months (51.5% in 2010, 42.1% in 2014 and 38.3% in 2018), but an upward trend is present in current smokers that want to stop smoking (27.8% in 2010, 34.2% in 2014 vs 45.7% in 2018).

FCTC is directed on effective measures to promote cessation of tobacco use and adequate treatment for nicotinic dependence. As affirmed in a US Surgeon General report on Preventing Tobacco Use Among Youth and Young Adults: "The tobacco epidemic continues because youth and young adults begin to use – and become addicted to – cigarettes and smokeless tobacco products". Because of the addictive nature of nicotine, alkaloid occurring naturally in the tobacco, adolescents who begin smoking regularly at a younger age are more likely to develop tobacco dependency in adulthood or earlier. Review of the smoking cessation interventions among adults indicate that screening for tobacco use, offering counselling, and pharmacotherapy are effective means for tobacco cessation. A school-based smoking cessation curriculum for adolescents may be an effective means to reduce youth cigarette use and dependence. The provided information should be focused not only on the long-term health consequences, not relevant for children from this age group, additionally health professionals should be able to give the knowledge, skills and tools to address the problem of early nicotine addiction as well. To great regret these initiatives have no impact on students smoking cessation. Particularly serious is the data about the fact that all ever smokers state that they have received no help or advice to stop smoking from a program or health professional. Cessation programs must be multifaceted, delivered via multiple channels and targeted to all population groups, especially young people.

Secondhand Smoke

- *Overall, approximately 3 in 10 students (33.2%) were exposed to smoke in their home.*
- *Approximately half (55.1%) of all students were exposed to SHS in public places. However, San Marino has a law in force prohibiting smoking in public places. We will verify in which public premises this ban is not respected. It might be useful to separate the individual items (e.g. school separated from shops, restaurants, Pubs, Bars, etc.) to effectively identify where these behaviours are not sanctioned.*

- *Three fourths (73.1%) of students favored banning smoking at outdoor public places*

A downward trend is present in secondhand smoke: students exposed to tobacco smoke at home downward from 33.3% in 2010, 36.5% in 2014 and 33.2% in 2018 and students exposed to tobacco smoke inside enclosed public places downward from 48.0% in 2014 to 41.4% in 2018.

FCTC addresses the issue of “Protection from exposure to tobacco smoke”. Second hand tobacco smoke is one of the leading indoor air pollutants with contained therein more than 7300 chemical substances with 67 of these substances have proven carcinogenic and mutagenic activity. Of further importance, especially in childhood are the substances with a strong irritative and toxic effect on ciliary epithelia of the airways. It has been established that when children grow up in families of smokers, the risk of occurrence of pathology is two to four times higher as compared to that of adults. Thus, secondhand smoke exposure presents a serious health risk with long-term consequences, originated in childhood. The GYTS 2018 exposure to parental smoke at home has remained similar to previous. The importance of involve family of adolescents is very clear and evident. A downward much important is reported in relation to secondhand smoke exposure in enclosed public places, but the percentage is high in relation to the law that bans smoke in those areas. Secondhand smoke exposure has to be very seriously considered because in addition to negative health consequences of passive smoking on children and adolescents health, parental/school staff/other adults’ tobacco use, i.e. the presence of negative role models within the home and school environment are important factors that influences student’s smoking behavior.

A smoke-free school environment have proven positive effect on improvement the general health of adolescents and may reduce students smoking and exposure to secondhand smoke exposure.

As it has been outlined in MPOWER report “Good planning, adequate resources, and strong political commitment, effective use of mass media, meticulous legal drafting and participation by civil society” are essential for the prevention of tobacco use. When implementing legislation on smoke-free places, it is critical that governments generate broad public support through public education

Access and Availability

- *Overall, five in 10 (44%) students who currently smoke cigarettes usually purchased their cigarettes in stores.*
- *Seven in 10 (74.8%) students who bought cigarettes in a store were not refused purchase of cigarettes because of their age.*

The percentage of students that were not prevented from buying cigarettes because of their age downward from 93.0% in 2010, 82.0% in 2014 and 74.8% in 2018.

FCTC addresses recommendations about sales to and by minors, which are in according to San Marino law that ban purchase to persons younger than 18 years. It also calls for a stop to distributing promotional products to minors. Availability and the facility to get cigarettes along with the parental and peer model are the environmental factors that have an impact on adolescent smoking patterns. There are two general manners youth getting cigarettes in our survey— through commercial sources (such as store, shop, or kiosk), and through students’ social network (“someone else” e.g. peers, family members, or other adults).

With regard to facility of buying cigarettes a very low refusal rates are found (25.2%). The larger percentage of current smokers reporting not been refused purchase because of their age decrease in this survey in respect to the previous, despite the existence of national regulations banning the sale of cigarettes to minors. Given the background, that all current smokers, boys and girls are well informed

about the prices of cigarettes they mainly smoke, knowing the price range could be interpreted as dependent not only of their own purchasing experience, but also of life standard and income group students from survey belongs to. Twenty percent of the studied population uses another source of cigarette supply - from “someone else”. As it has been demonstrated in other studies, children who rely solely on social sources, tend to smoke less than those who use commercial sources to get their cigarettes. If someone else is part of the family of the students, once again, the data show the need of family involvement. The importance of cigarettes accessibility is shown in the results of a number of studies on the effects of rising the legal age for purchasing. Raising the tobacco-buying age to 21 has gained support as a promising strategy to reduce youth cigarette access in USA. International experience indicates that age restrictions are difficult to implement and are not effective unless they are supplemented by enforcement of very strict regulations, creating rationale that underpins them; lobby the community and suitable agencies to enforce the standards and prosecute offenders of the law.

Exposure to Anti-Tobacco Information

- *Overall, more than half of the students (65.9%) reported having been taught in school about the dangers of tobacco during the preceding school year.*

The percentage of students noticed students noticed anti-tobacco messages in the media downward from 89.7% in 2010, to 54.2% in 2014 to 51.6% in 2018.

FCTC establish standards for two important forms of communication: packaging regulations and mass media campaigns. It has been suggested that the mass media is particularly appropriate for delivering antismoking messages to young people because they are more exposed to the media. In this context, GYTS, 2018 data show that the half of students have noticed anti-tobacco messages in the media during the past 30 days and a similar percentage of them if attending at sporting or community events. The most important source of notice remain the school for two-third student. Students answer the item concerning discussions about the dangers of tobacco use held in school. In this line, the importance of combined intervention (mass media and school-based) for reduction in smoking outcomes in young people. An integration of school based programs (displaying videos about effects of smoking on health, resistance against social pressure, peer discussion), media programs (knowledge provision, advertising around sport fields, radio announcements) and community programs (anti-tobacco activities for youth, family relationships’ enhancement, voluntary activities, and limiting youth access to tobacco) could be implemented. The introduction of Internet based interventions or mobile phone application will have the capacity to provide useful and accessible evidenced-based smoking prevention and can be accessed by a large number of young people. They are cheap to deliver and, probably, will be accepted well by students. FCTC prohibits advertising and promotional products for tobacco. At a minimum, it states that false and misleading impressions are banned, direct and indirect incentives are banned, and tobacco advertising, promotion, and sponsorship on media channels (including the Internet) should be reduced. San Marino law bans direct advertising of cigarettes in all public places with the exception of places of production and trade. The law includes texts relating to the media and sponsorship.

Awareness and Receptivity to Tobacco Marketing

- *Overall, 8% of students owned an object with a cigarette brand logo on it.*
- *Overall, one in 20 students (5.3%) was offered free cigarettes by a tobacco company representative.*

Students had something with a tobacco brand logo on it 10.2% 2010, 8.0% 2014 and 8.0% in 2018.

Even if ban on advertising of tobacco products is enforced, billboards that a number of young people see continue nowadays, even to a lesser extent, to display tobacco advertising.

Further, due to lack of legal prohibition tobacco companies have increasingly shifted their efforts from traditional advertising to promotional activities. Thus, this kind of indirect marketing, such as putting a cigarette brand name on a different product still exists and demonstrate a rising phenomenon. In 2018, about half of the students never tobacco user owned an object with cigarette brand logo on it. Promotions foster positive attitudes, beliefs, and expectations regarding tobacco use and in this manner, intentions to use thus increasing the likelihood of initiation. Greater exposure to promotion leads to higher smoking risk. On the other hand, favorable portrayals of smoking in the media, especially the depiction of tobacco use in films have been cited as potential motivators of the initiation of smoking among adolescents, a conclusion which supports the hypothesis that the appearance of smoking and tobacco-related messages in media plays a role in the initiation of smoking among adolescents as well as the progression to established smoking in long-term follow-up. The prevalence of GYTS students that have affirmed having seen movie actors smoking on TV or video broadcasts is quite high in 2010 (97%), in 2014 (82.9%), and regardless of decrease, they have remained very high so in 2018 (81.3%). In this context, it is important to consider public health implications as exposure to smoking depictions and as follows, educational programs may be expanded in content to address the effect of advertising. Adolescent must be educated to become critical viewer of media in all its forms, including indirect advertising in movies, TV shows and Internet. A collaboration with San Marino RTV, the state TV, may be very useful.

Knowledge and Attitudes

- *(14.2%) of the students would use a tobacco product if their best friend offered it to them.*

The data show a downward of students that definitely thought other people's tobacco smoking is harmful to them from 64.3% in 2010 to 54.4% in 2014 to 49.3% in 2018.

FCTC indicate education, communication, training and public awareness about negative health effects of tobacco use. The school setting may have an important influence on smoking patterns and school professionals may play a key role in efforts to control youth tobacco use. Nearly the half of students reported in 2018, are being informed and definitely thinking that other's tobacco smoking is harmful for their health. Their number has fallen when comparing 2018 data with previous GYTS surveys in 2010 and 2014. Existing lack of knowledge of smoking health risks is alarming and serves as one of important predictors of adolescent smoking. This also may indicate the need for changes in the content of the health education curriculum in school as well as new teaching methods. The students should understand, discover in themselves and get skilled in overcoming psychological mechanisms and the social context, related to the onset of smoking during adolescence, as well as influence of peers on adolescent tobacco use. An important role is under the responsibility of Pediatricians that are under the obligation to provide health promotion and disease prevention in childhood, implementing special health education programs for tobacco use prevention. Other factors, that might influence adolescents smoking, include restrictions on smoking, taxation, and costs. On the other hand, smoke-free laws and policies reduce the visibility of smoking to youth, which reflects as a decrease in social acceptability of smoking support the ban on smoking in enclosed public places. In 2018 the result is that 73% of students are in favor of total smoking ban at outdoor public places too. Thus further shift social norms, rise policy acceptance and support even in smoking youth.

4.2 Comparison to Previous Tobacco Surveys

In term of cigarette smoking a significant downward trend in this indicator between previous survey is established (from 11.2% in 2010 to 12.7% in 2014 to 6.0% in 2018); but an upward trend is present in the use of electronic cigarettes (from 5.9% in 2014 to 8.9% in 2018). A downward trend is present in the percentage of current tobacco smokers tried to stop smoking in the past 12 months (51.5% in 2010, 42.1% in 2014 and 38.3% in 2018), but an upward trend is present in current smokers that want to stop smoking (27.8% in 2010, 34.2% in 2014 vs 45.7% in 2018). A downward trend is present in secondhand smoke: students exposed to tobacco smoke at home downward from 33.3% in 2010, 36.5% in 2014 and 33.2% in 2018 and students exposed to tobacco smoke inside enclosed public places downward from 48.0% in 2014 to 41.4% in 2018. The percentage of students that were not prevented from buying cigarettes because of their age downward from 93.0% in 2010, 82.0% in 2014 and 74.8% in 2018. The percentage of students noticed anti-tobacco messages in the media downward from 89.7% in 2010, to 54.2% in 2014 to 51.6% in 2018, students had something with a tobacco brand logo on it 10.2% 2010, 8.0% 2014 and 8.0% in 2018. The data show a downward of students that definitely thought other people's tobacco smoking is harmful to them from 64.3% in 2010 to 54.4% in 2014 to 49.3% in 2018. An upward data trend, showing a susceptibility of nonsmokers to start smoking, is observed between the first two GYTS stages and is confirmed in third (33.9 % in 2010 vs. 35.8% in 2014 and 34.9% in 2018. from table 16 there seems to be an increase in the % of respondents who believe that smoking can facilitate social relationships. also in tab 17 there is a non-positive signal concerning the increase in the % of respondents who believe that smoking is not dangerous. On the contrary, it is comforting that respondents would be in favour of banning smoking even in outdoor public places

4.3 Relevance to FCTC

The results of this GYTS are critical for gauging progress toward WHO FCTC and MPOWER implementation and uptake. They provide comprehensive information on the basic indicators, related to various provisions of the WHO FCTC and the MPOWER measures, thus helping to evaluate the effectiveness of the policies on tobacco control to protect young people from tobacco smoke. San Marino's participation in GYTS addresses the first element of MPOWER (Monitor tobacco use and prevention policies) regarding youth monitoring tobacco use. In addition, the GYTS findings are directed towards several other provisions of the FCTC, targeting the role of health professionals, school personnel and the comprehensive school tobacco control policy. GYTS asks students a range of questions that spans many of the remaining elements of MPOWER. The resulting data are critical for gauging San Marino's progress toward fully implementing the elements of MPOWER among its youth.

The findings that meet MPOWER measures are as follows

- Protect people from tobacco smoke: The GYTS data show that 41.4% of students were exposed to tobacco smoke inside enclosed public places. 73% were exposed to tobacco smoke inside enclosed public places, 33% 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:
 - 45.7% want to stop smoking.
 - 38.3% tried to stop smoking in the past year.
- Warn about the dangers of tobacco: During the past year, 65.9% of students had been taught in class about the dangers of smoking. The GYTS data also show that the percentage is the same in 2014.

- Enforce bans on tobacco advertising, promotion, and sponsorship: The GYTS data show that 51.6% of students saw anti-smoking media messages in the past 30 days. In the past 30 days, 25.2% saw pro-cigarette ads on billboards. Further, 8% of students have an object with a cigarette brand logo and 5.3% 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.

4.4 Relevance to Country

- *In this section, summarize the findings from the GYTS and how they are specifically applicable in our country.*
- *Early smoking initiation is still a problem 16.5% of all students ever smoked try their first cigarette before the age of 12 and 40% before 13.*
- *As the use of electronic cigarettes is increasing, this market will have to be regulated more carefully and young consumers will also have to be informed about the risks of this type of product. 9% of the students have smoked electronic cigarette. Despite the existence of information on tobacco and health, a significant public informational gap exists on newly emerging tobacco products, specifically around electronic cigarettes.*
- *More attention should be paid to compliance with the rules already in force, especially as regards the sale of tobacco products to minors which is prohibited. 74.8% of students are not prevented from purchasing because of their age. Regardless of the existence of comprehensive tobacco control legislation, a significant gap in its adequate enforcement exists..*
- *65.9% of the students have received education in school about the dangers of tobacco use in 2018. At the same time anti-smoking messages in media are noticed by a half of students (51.6%). The integration of these approach could be useful.*
- *Many youth report wanting to quit in San Marino, but cessation services are very limited.*
- *Susceptibility to begin smoking in the next year is high among both boys and girls, we must help to support this path.*
- *The data suggests an early age of initiation of cigarette usage among San Marino adolescents. Tobacco control education therefore needs to start at a very young age.*
- *The majority of youth in San Marino Country report exposure to secondhand smoke in multiple venues. Given that there is no safe level of exposure to secondhand smoke, policies that will protect youth from possible exposure against second-hand smoke must be strengthened.*
- *Implementation of activity of “Multidisciplinary and inter-sectorial table for the planning and coordination of health promotion and education in school” to obtain adequate and early tobacco control and health education is still crucial for effective and low-cost prevention*

5. RECOMMENDATIONS

Based on the most pressing GYTS findings, San Marino should consider rapidly implementing expanded comprehensive tobacco control measures. Such action will save lives, reduce illness, and help reduce the economic burden associated with tobacco-related illness and lost productivity. Include proposed evidence-based interventions and recommend further studies or enhanced surveillance if needed. The obtained results prove that, in spite of the changes in the public policy, directed to tobacco control in San Marino, adolescent smoking continue to be a major priority issue for public health.

- The findings of GYTS San Marino 2018 outline the imperative need of development and implementation of qualitatively new approaches and preventive programs yet in the earlier school age, to prevent the “initial” use of cigarettes or to postpone maximally the start of smoking and to provide support for smokers willing to quit smoking.*
- Focus the tobacco control efforts on implementation and enforcement of policies already in place, as well as additional efforts in development of new tobacco control programs. Those programs need to be comprehensive, broad-based, gender-specific and oriented to different age groups. Encouraging with the proper assistance and support young smokers to quit in addition to preventing the great majority of high susceptible non-smokers from starting may be an important first step.*
- Introduce effective family-based interventions, aimed to teach parents to maintain smoke-free households, to set early on non-smoking expectations, and to build up skills to overcome peer influence and pressure. Parents should limit adolescent’s exposure to adult media and use family television time to discuss the effect of seeing screen depiction of smoking on adolescent behavior.*
- Work with the Multidisciplinary and inter-sectorial table for the planning and coordination of health promotion and education in school to expand school-based anti-smoking education in all grades of primary and secondary school, founded on preceding and systematic need assessment, new participation, interactive and “peer to peer” teaching methods, together with establishment of supportive environment and direct-link feedback on program effectiveness.*
- Develop and establish a combination of strategies to reinforce the ban of sales to minors in terms of creating awareness of the regulations and the rationale that underpins them; lobby the community and suitable agencies to reinforce the principles of and prosecute offenders of the law.*
- A significant number of students were exposed to tobacco smoke at home and public places, and 73% of students believe smoking in public places should be banned. There is a need to enforce laws that ban tobacco smoking in public places.*
- 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.*
- Collaborative work with the school should be confirmed and strengthened to disseminate information on smoking harm and continue to use educational activities.*

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APPENDIX A: QUESTIONNAIRE

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

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/form are you?

- a. 8th grade
- b. 9th grade
- c. 10th grade

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. Less than 20 euros
- c. 20-50 euros
- d. 51-100 euros
- e. More than 100 euros

The next questions ask about your use of tobacco.

5. Have you ever tried or experimented with cigarette smoking, even one or two puffs?

- a. Yes
- b. No

6. 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

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7. 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

8. 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

9. Have you ever tried or experimented with any form of smoked tobacco products other than cigarettes (such as pipes, cigars, waterpipes, bidis)?

- a. Yes
- b. No

10. During the past 30 days, did you use any form of smoked tobacco products other than cigarettes (such as pipes, cigars, waterpipes, bidis)?

- a. Yes
- b. No

11. During the past 30 days, how often did you smoke hand-rolled cigarettes?

- a. I did not smoke hand-rolled cigarettes during the past 30 days
- b. Less than once a week
- c. At least once a week but not every day
- d. Every day

12. 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

13. 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

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14. Have you ever tried or experimented with any form of smokeless tobacco products (such as chewing tobacco, snuff, dip, etc.)?

- a. Yes
- b. No

15. During the past 30 days, did you use any form of smokeless tobacco products (such as chewing tobacco, snuff, dip, etc.)?

- a. Yes
- b. No

16. Have you ever tried or experimented electronic cigarettes or e-cigarettes?

- a. Yes
- b. No

17. During past 30 days, on how many days did you use electronic cigarettes?

- a. 0 days
- b. 1 or 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 or 19 days
- f. 20 to 29 days
- g. All 30 days

18. In total on how many days have you used an electronic cigarette or e-cigarette in your entire life?

- a. 0 days
- b. 1 day
- c. 2 to 10 days
- d. 11 to 20 days
- e. 21 to 50 days
- f. 51 to 100 days

g. More than 100 days

19. Where do you usually smoke?

(SELECT ONLY ONE RESPONSE)

- 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

The next questions ask about your feelings toward stopping smoking.

20. Do you want to stop smoking now?

- a. I have never smoked
 - b. I don't smoke now
 - c. Yes
 - d. No
- 6

21. 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

22. What was the main reason you decided to stop smoking?

(SELECT ONE RESPONSE ONLY)

- 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. 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

24. Have you ever received help or advice to help you stop smoking?

(SELECT ONLY ONE RESPONSE)

- 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.

25. 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

26. 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 as school, shops, restaurants, shopping malls, movie theaters)?

- a. 0 days
- b. 1 to 2 days
- c. 3 to 4 days
- d. 5 to 6 days
- e. 7 days

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27. 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, beaches)?

- a. 0 days
- b. 1 to 2 days
- c. 3 to 4 days
- d. 5 to 6 days
- e. 7 days

28. During the past 30 days, did you see teachers or school personnel smoke inside the school building or outside on school property?

- a. Yes
- b. No

29. During the past 30 days, did you see students smoke inside the school building or outside on school property?

- a. Yes
- b. No

30. Do you think the smoke from other people's tobacco smoking is harmful to you?

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

31. Are you in favor of banning smoking at outdoor public places (such as playgrounds, sidewalks, entrances to buildings, parks, beaches)?

- a. Yes
- b. No

The next questions ask about getting cigarettes.

32. The last time you smoked cigarettes during the past 30 days, how did you get them? (SELECT ONLY ONE RESPONSE)

- a. I did not smoke any cigarettes during the past 30 days
- b. I bought them in a store or shop or bar
- c. I bought them from a street vendor or kiosk
- d. I bought them from a vending machine
- e. Someone else bought them for me
- f. I got them some other way

33. During the past 30 days, did anyone refuse to sell you cigarettes because of your age?

- a. I did not try to buy cigarettes during the past 30 days
- b. Yes, someone refused to sell me cigarettes because of my age
- c. No, my age did not keep me from buying cigarettes

34. The last time you bought cigarettes during the past 30 days, how did you buy them?

- a. I did not buy cigarettes during the past 30 days
- b. I bought them in a pack
- c. I bought them in a carton
- d. I bought tobacco and rolled my own

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35. Can you purchase tobacco/cigarettes near your school?

- a. Yes
- b. No
- c. I don't know

36. On average, how much do you think a pack of 20 cigarettes costs?

- a. Less than 3 euros

- b. 3-5 euros
- c. 6-10 euros
- d. More than 10 euros

37. Do you think the price of tobacco products/cigarettes should be increased?

- a. Yes
- b. No

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

38. 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

39. 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

40. 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

41. 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).

42. During the past 30 days, did you see any people using on TV, in videos, or in movies?

- a. I did not watch TV, videos, or movies in the past 30 days
- b. Yes
- c. No

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

- a. I did not visit any points of sale in the past 30 days
- b. Yes
- c. No

44. 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

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

- a. Yes
- b. No

46. Has a person working for a tobacco company ever offered you a free tobacco product?

- a. Yes
- b. No

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

47. 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

48. 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

49. 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

50. 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
- 10

51. Do your parents smoke tobacco?

- a. None
- b. Both
- c. Father only
- d. Mother only
- e. Don't know

52. Do any of your closest friends smoke tobacco?

- a. None of them
- b. Some of them
- c. Most of them
- d. All of them

53. Do you think young people who smoke tobacco have more or less friends?

- a. More friends
- b. Less friends
- c. No difference from non-smokers

54. Do you think smoking tobacco makes young people look more or less attractive?

- a. More attractive
- b. Less attractive
- c. No difference from non-smokers

55. Do you think smoking tobacco is harmful to your health?

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

56. Do you think it is safe to smoke tobacco for only a year or two as long as you quit after that?

- a. Definitely not
- b. Probably not
- c. Probably yes
- d. Definitely yes

57. Has anyone in your family discussed the harmful effects of smoking tobacco with you?

- a. Yes
- b. No

58. During the past 12 months, did you discuss in any of your classes the reasons why people your age use tobacco?

- a. Yes
- b. No

c. Not sure

59. Do you think the sale of tobacco products to minors should be banned?

a. Yes

b. No

60. Do you believe that tobacco companies try to get young people under age 18 to use tobacco products?

a. Yes

b. No

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61. 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

Thank you for participating in the survey!

