

Background and Introduction

Saint Lucia is one of the four Windward Islands, situated between Martinique to the North and St. Vincent to the South (62° W and 13.6° N). It is a volcanic island with an area of 238 square miles.

The population of Saint Lucia in 1999 was estimated at approximately 153,819 persons¹.

The Government of Saint Lucia is a democratically elected.

The economy is based primarily on Agriculture, Tourism, Small Manufacturing and Financial Services.

Tobacco consumption is one of the major causes of mortality in the world. The World Health Organisation estimates that four million persons die annually from tobacco consumption. Unchecked, tobacco related deaths, would be approximately 10 million persons annually, by the year 2030.

In the Region of the Americas, tobacco use causes at least 845,000 deaths annually². Non-communicable diseases including cancer and heart disease are responsible for nearly two-thirds of all deaths in Latin America and the Caribbean³. One third of all deaths from cancer and heart disease are related to tobacco use in Latin America and the Caribbean⁴.

Notwithstanding the global tobacco epidemic, tobacco consumption is increasing in Saint Lucia⁵. Similar to sexual initiation, tobacco initiation commences early in children, usually in the pre-adolescent stage of development in Saint Lucia. It is a common practice for parents who smoke to allow their children to purchase cigarettes for them at grocery or liquor shops. A study on adolescent health among students 10 to 19 years, conducted in Saint Lucia in 2000 indicated that 11.2% of students included in the survey had ever smoked a cigarette and less than 1% of the students in the survey smoked cigarettes monthly or more frequently in the year preceding the survey⁶.

The Ministry of Health, the Saint Lucia Cancer Society and the Ministry of Education have been involved in educating young persons and the general public on the ill effects

of tobacco consumption. In 1993, the Government of Saint Lucia by a Cabinet decision banned smoking in all health facilities. The following year the ban was extended to all public buildings. Some restaurants and other business places have voluntarily placed no-smoking signs in their premises. Consequently, small gains have been made in the tobacco control programme in Saint Lucia.

In response to the lack of data on youth tobacco use around the world, in 1998 the World Health Organisation, in collaboration with the US Centres for Disease Control and Prevention, initiated a global surveillance project of tobacco use among young people that would allow for cross country comparisons. The project, the Global Youth Tobacco Survey (GYTS), uses a common methodology and protocol for collecting data on tobacco use among young people aged 13 to 15 across all countries. The GYTS was intended to enhance the capacity of countries to monitor tobacco use among youth and to guide the implementation and evaluation of tobacco prevention and control programmes and policies. By mid 2001, the GYTS had been completed in 45 countries and was in process in an additional 46 countries.

The Global Youth Tobacco Survey (GYTS) is a school-based survey of students aged 13 to 15 years. It is designed to gather information about smoking prevalence, knowledge and attitudes, media and advertising, young people's access to tobacco products; tobacco use prevention education in the school curriculum; price of cigarettes; exposure to environmental tobacco smoke; and tobacco cessation. The information obtained from the survey will be used in decision making and to develop strategies to prevent and control tobacco use among young people.

The GYTS had focused on school-based surveys because they are useful tools in gathering data, and are relatively inexpensive and easy to administer. They also tend to report reliable results and refusals are significantly lower than household surveys. The research approach used for data collection was the self-administered questionnaire.

The objectives of the GYTS in Saint Lucia were:

1. To document and monitor the prevalence of tobacco use including cigarette smoking, current use of smokeless tobacco and cigars or pipes.
2. To obtain an improved understanding of and to assess students' attitudes, knowledge and behaviours related to tobacco use and its health impact.
3. To provide information to guide programming and advocacy work addressing youth tobacco use.

The implementation of the GYTS is proceeding at the same time that the member states of the World Health Organization are negotiating the Framework Convention on Tobacco Control (FCTC), an international treaty to coordinate worldwide efforts to reduce tobacco use and exposure to second hand smoke.

In addition to guiding national policy and programming strategies, the results of the GYTS will provide invaluable data to monitor progress toward many of the provisions ultimately contained within the FCTC.