

This means that there are significant differences between current smokers and non-smokers. There is also high exposure by current smokers. These are maybe the reasons why never smokers desire a ban on smoking in public places.

The effort that is made by public service providers to ban smoking at their business places should be commended and strengthened by cessation legislation.

One of the questions asked was whether smoking should be banned from public places. 73.1% of never-smokers responded that smoking should be banned. Eighty percent (80%) of these respondents were females. For the question on harmful effects of cigarette smoke to non-smokers, 76% never-smokers indicated that smoke from others is definitely harmful to them. The current smokers, which are 13% of the respondents, indicated smoke from others is definitely harmful to them. 8.3% of the current smokers said they wanted to stop smoking at the time of the survey, 17.69% of those who ever smoked said they were not smoking at the time of the survey. Almost 10% of those who ever smoked were not smoking for at least 2 years when the survey was conducted. Their main reasons for stopping were to improve their health, family members objected to it and their friends don't like it.

These responses show that the condition is right for a tobacco cessation programme. Before the study was conducted, the general population consensus was that cigarette smoking is not a problem in Dominica. Without current studies, that assumption seemed true, but with information that is gathered from this data the assumption is proven wrong. Truly, evidence is needed for any effective intervention or prevention programme to be developed.

Considering the wide cross section of the society that the survey covered, smoking habits or behaviours are well recorded among that particular target group. Therefore, programs can be developed for the concerned groups, for students who are in lower grades as well as those who are out of school and those who are in the various communities can also benefit greatly.

IN CONCLUSION

It must be reiterated that, tobacco use among the surveyed youth is quite high. **Over one-third of the students ever smoked cigarettes, most initiated smoking before age 10, and 13% were current cigarette smokers.** This evidence is adequate to cause concern among policy makers, programme implementers, parents, guardians and young people themselves.

It is frequently said that young people experiment with new and risky behaviours. They do not always consider long-term effect or consequences of such behaviours. The glamorous picture that is created by advertising companies usually cause them to underestimate the addictiveness of nicotine and the difficulties associated with quitting, nor the harmful effects that are related to smoking and exposure to tobacco smoke.

Besides lung cancer, there are many other diseases that studies have shown to be caused by smoking; they include heart disease, stroke and other respiratory problems.

Several initiatives such as yearly media campaigns on World No Tobacco Day, school-based education sessions among students within the primary school level and to a minimal level at secondary and tertiary levels, and also several (private sectors that provide public services) business places declaring their property no-smoking areas, are interventions that are undertaken to create greater awareness of the dangers of smoking. The situation warrants more than awareness now. It requires action for deterrents and reduction in the prevalence of tobacco smoking.

RECOMMENDATIONS

Tobacco contributes to the foreign currency in Dominica, however the cost that the use of tobacco will have upon the youth in years to come if no intervention is considered for implementation will not be adequate to meet the cost of health care for smokers and those exposed to environmental tobacco smoke.

Considering the information the survey has provided, priorities and realistic implementable strategies must be developed if we are to record any long term and sustainable results.

Four broad strategies are recommended:

- Legislation
- Education
- Services
- Repeat survey after two years to evaluate

These must be implemented for success to be realized. Legislation without education will be ineffective and legislations with education without services will cause the programme to stagnate and be short-lived.

1. Legislation to include:

- Age for teen to purchase cigarettes (include a fine for shopkeepers who do not adhere to the law)
- Ban on advertisement on print and electronic media, including bill-boards
- No smoking at public places to include:
 - All government buildings, particularly hospitals, health centers and grounds, school building and grounds, seaports and airports
 - All sporting events

2. Education – inform responsible parties of survey results

- Provide resources to have specially trained teachers to facilitate the school-based Health and Family Education Programme.

- Upgrade or reinforce the program component on Tobacco Prevention that is already prepared in the school program incorporated topic: The Drug Prevention Life Skills.
- Incorporate parents or guardians in sessions at Parent Teachers Association meetings and parenting programmes.
- Adult Education programme to incorporate topics to the existing programme
- Health Education activities at health centers, communities and youth programmes and adolescent programmes
- Continue media campaigns annually
- Continue in-service training for Education Facilitators

3. Services: Community Empowerment:

- Conduct cessation programme in collaboration with Seventh Day Adventist and Drug Prevention Unit
- Provide counseling services at health centres and other community centres in collaboration with Social Workers, Drug Prevention and Youth Division.
- School debates and sporting competitions
- Information meetings with media professionals
- Obtain current information from international agencies for dissemination to facilitators and researchers
- Screening by District health Teams as required for early detection and treatment of diseases or consequences

The programmes that are suggested should be directed under the supervision of the National Health and Family Life Education Committee. This Committee consists of stakeholders from government as well as private sectors or NGO's who are directly involved; pre-schoolers, adolescents and youth programmes.

Fourthly, the survey should be repeated 2 years after the intervention programme is implemented for effective programme evaluation for reporting on programme status and achievement.

Information will also be used for making adjustments to future programmes.