

What has been Recommended for Policy and Program Issues Dealing with Young People and Tobacco

Following recommendations are taken mainly from statements of major international conferences and events, non-governmental organisations' reports, and anti-tobacco policy declarations of various countries. In order to facilitate reading they are classified as follows:

Recommendations on

1. Social norms and acceptability of tobacco use
 - Protection from ETS
2. Implementation of research-based prevention and cessation programmes in schools and communities
 - Actions on leisure time activities
 - Quitting help
3. Measures to be taken at schools
4. Youth access to tobacco products
5. Actions to support families and parenthood
6. Promotion of research
7. Co-ordination of policies and research
8. Tobacco advertising and promotion
 - Anti-Tobacco Marketing
 - The Media
9. Tobacco taxation and pricing policy
10. Regulation of labelling, packaging, and contents of tobacco products
11. Direct measures to be taken on tobacco industry
12. Others

1. Social norms and acceptability of tobacco use

- Ban on smoking in public places.(1)
- Creation of supportive environments (restrictions on smoking in public places, helping adults to quit).(9)
- Strengthening of community action (mobilising the support of parents, young people and the community generally).(9)
- Smoke free public places are effective when protecting young people from exposure to ETS. It helps also to “denormalise” smoking and reduces consumption among smokers. It is also an important symbol of social attitudes towards smoking.(10)
- Realise long-term information in favour of non-smoking society.(14)
- Smoke-free healthcare institutions and workers to give good example.(19)
- Employees engaged in social service, health care, education, youth work and sports provision should not smoke during working hours.(14)

Protection from ETS

- Protect children and other non-smokers from exposure to ETS.(4)
- Develop a national education strategy to reduce exposure to ETS by children.(12)
- Effective public policy is important to protect children from ETS.(17)
- Establish in law the right to smoke-free common environments.(18)
- Effective protection from involuntary ETS in transit vehicles, public places and workplaces.(19)

2. Implementation of research-based prevention and cessation programmes in schools and communities

- The advertising ban alone is not enough. Such regulatory measures should be accompanied by effective health education and information programmes in schools which promote a social environment against the use of tobacco.(1)
- Long-term education and information programmes have to be elaborated.(1)
- Implement strong public health programmes to reduce tobacco use, including community and school-based programs, public education through mass media, and effective smoking cessation programs.(4)
- Development of personal skills (ex. Health education in schools and media).(9)
- As young people smoke for a variety of reasons, different types of campaign may be necessary for segments of the population.(10)
- Fund and evaluate a variety of smoking cessation initiatives for young people in order to determine the best settings and environments for them to take place. Some initiatives should be developed within existing youth services.(11)
- Pilot cessation programmes for the late teens should also be developed.(11)
- There should be multi-setting, complementary prevention initiatives including mass media and work at schools. Mass media initiatives should also link in with support services at a local level.(11)
- Long term funding is required to produce more effective and integrated mass media campaigns.(11)
- Primary prevention initiatives should be established in both primary and secondary schools.(11)

- Smokelines should be developed and evaluated as a cessation service for young people.(11)
- Provide nationally collaborative anti-tobacco education (including mass media, PR, advocacy campaigns) that reaches whole population and sub-populations including children and people under 18 years.(12)
- Develop, implement and regularly review evidence based community education programs (active and passive smoking) for children and people under 18 years.(12)
- An action programme for non-smoking should be drawn up for each school and educational institution in co-operation with school and student health care. It should be a registered strategy agreed upon jointly – also with the pupils contributing.(14)
- Health education in schools and educational institutions should be strengthened, and prevention of smoking should be linked to young peoples’ mastery of life and the school’s teaching of manners. The National Board of Education should in collaboration with experts develop operational models within the curricula of schools and educational institutions. These models should include means of which all young people can be taught matters relating to prevention of smoking.(14)
- Youth programmes need to be re-evaluated. Adult-oriented children programmes and policies should be implemented.(16)
- Effective campaigns with media coverage should be aimed in order to distribute the situation analysis and by creating images for audiences.(16)
- Educating the already involved organisations and not as yet involved ones on children’s specific needs. Educating parents, pregnant women, caregivers, teachers and health professionals.(16)
- To maximise impact, policies to protect children from tobacco smoke should be implemented as part of comprehensive tobacco control programmes.(17)
- Inform every member of the community of the dangers of tobacco use and the magnitude of the pandemic.(18)
- Involve the family and parents in non-smoking education to reinforce classroom teaching.(21)
- Improve training of teachers and youth workers in health education.(21)

Actions on leisure time activities

- Youth organisations should adopt smoking policies and youth workers should be aware of their function as role models.(11)
- The State and the local authorities should make it possible for sports and other hobby organisations to provide a greater selection of health promoting leisure time activities on children’s and young people’s conditions.(14)
- One condition for granting financial support by the State and municipalities to hobby and sports organisations should be promotion of young people’s health and non-smoking.(14)
- Churches and parishes should specify their targets regarding health promotion and promotion of non-smoking in confirmation classes and other activities targeted to young people.(14)
- The State, local authorities and parishes should prohibit smoking in outdoor facilities and sports grounds possessed and administered by them.(14)
- Tobacco products should not be sold in cafes or kiosks in connection with hobby facilities.(14)

Quitting help

- Redirecting health services (providing advice to smokers).(9)
- NRT should be made available or free to young people who want to quit smoking.(10)
- Health professionals should routinely give advice to quit smoking.(10)
- Advertising rules should be amended to prevent “knocking copy” between different types of NRT as it gives the impression that the products are more dangerous than cigarettes.(10)
- Large scale RCTs should be conducted to determine the effectiveness of NRT as a cessation aid for nicotine dependent young people.(11)
- Health centres should organise activities to support those pupils/students who want to quit smoking (e.g. withdrawal groups). Young people’s knowledge of the risks of smoking as well as confidential discussions about smoking should be promoted e.g. by means of measuring expired carbon monoxide as part of ordinary health examinations.(14)
- Assure the wide availability of help for tobacco users who want to stop.(18)
- Effective and widely available support to smoking cessation.(19)
- Offer help to teachers to stop smoking.(21)

3. Measures to be taken at schools

- Smoking on school grounds and at school sponsored events, busses, is prohibited for students, school personnel and visitors.(7)
- Schools vigorously enforce the policy and consistently administer penalties for violations.(7)
- Disciplinary measures for non-compliance with policy are educational as well as punitive.(7)
- Policy development includes active collaboration with teacher, student, and parent groups to give direction and build support for tobacco-free schools.(7)
- All components of a school’s smoking policy, including consequences for violations, are communicated in written and oral form to students, staff, and visitors.(7)
- District-wide educational programs addressing the prevention of tobacco use are initiated or expanded as part of the policy implementation process.(7)
- Smoking cessation programmes or other incentives are developed for students, school personnel, and if possible, the public.(7)
- Programs are periodically evaluated to provide acceptance and effectiveness of policy.(7)
- Schools do not accept any contributions from the tobacco industry, including financial support and materials paid for by, or produced by or for, the tobacco industry.(7)
- School-based prevention programmes that identify social influences to smoke and teach skills to resist those influences have demonstrated consistent and significant reductions in adolescent smoking prevalence, and program effects have lasted one to three years.(7)

- Enhance school-based programmes by comprehensive school health education and by community wide programmes that involve parents, mass media, community organisations, or other elements of an adolescent's social environment.(7)
- Develop and enforce a school policy on tobacco use. The policy – developed in collaboration with students, parents, school staff, health professionals, and school boards – should
 - Prohibit every possible person using tobacco on school premises, vehicles, and at school functions.
 - Prohibit tobacco advertising (e.g. on signs, T-shirts, caps or through sponsorship of school events) in school buildings, functions, and school publications.
 - Require that all students receive instruction on avoiding tobacco use.
 - Provide access and referral to cessation programs for students and staff.
 - Help students who violate smoking policies to quit smoking rather than just punishing them.(7)
- Low-cost, participative anti-smoking education should be established and maintained in schools so that all children have the opportunity to take part.(10)
- Teachers and school and student health personnel should be provided joint supplementary training for the purpose of developing the content and working methods of health promotion, school and student health care and curricula for health education.(14)
- Nurses and doctors taking care of pupils should have enough time for promotion of non-smoking in collaboration with the school and educational community. The facilities should be situated in connection with the schools or educational institution.(14)
- Units providing health care education should develop an education package concerning prevention of smoking, tobacco-related diseases and withdrawal methods. The need for such education should be studied by surveying the present volume of education relating to tobacco.(14)
- Vocational education for childcare, education, social and health care, youth work and sports provision should include instruction in skills and knowledge which promote non-smoking. Those graduated from these institutes should be themselves non-smokers.(14)

4. Youth access to tobacco products

- A minimum age of 18 should be established for tobacco sales.(1)
- Vending machines should be prohibited.(1)
- Reduce the availability of tobacco products to children.(3)
- Establish and enforce policies to stop the sale of tobacco products to minors.(4)
- Active enforcement of age-at-sale policies by public officials and community members.(7)
- Proof of age card.(8)
- Strong rules on siting of cigarette vending machines.(8)
- Unpaid media publicity may be just as effective at encouraging retailers to comply with the law on illegal sales as labour intensive test purchases involving children and law enforcement officers.(10)

- Similarly, working with magistrates to ensure they understand that fines can be an important deterrent may encourage compliance with the law.(10)
- There may be some value in restricting the number and type of retail outlets that may sell tobacco, and issuing licenses. This would not only make monitoring compliance easier, it would also restrict the number of outlets that may display point-of-sale advertising and it “denormalises” tobacco by not allowing it to be available anywhere.(10)
- The use of alternative regulations such as licensing regulations to control illegal sales should be explored.(11)
- A comprehensive system to monitor the licensing of retailers should be implemented and responsibility for the effective enforcement of regulations should be widened to include the TI as well as trading standard officers.(11)
- Uniform and clear directives for the supervision and enforcement of the ban on selling tobacco products to under 18 year-olds are needed.(14)
- 18 year age limit should be better supervised.(14)
- The authorities should supervise that those selling tobacco products furnish their sales premises with signs indicating the ban on sales to under 18 and the health risks of these products. The signs should also invite young people to be prepared to present their identity cards.(14)
- Placing of tobacco products on sales premises out of sight for children.(14)
- Prohibit the sales of tobacco products from vending machines and by mail-order.(14)
- Prepare an amendment according to which the sanction for a repeated violation of the prohibition against selling tobacco products to under 18 year-olds shall be the loss of the right to sell tobacco products.(14)
- Tobacco retailers should prominently display notices indicating that the sale of cigarettes to underage children is prohibited.(21)

5. Actions to support families and parenthood

- A study of health promotion work done in homes, obstacles to it and its possibilities should be initiated. Its outcome would provide the basis for an action programme to help parents to bring up their children in a way promoting health.(14)
- One objective of family training and maternity and child health clinics should be to promote parents’ non-smoking and a smoke-free home.(14)
- Health care centres should provide those expecting a child and parents of small children an opportunity to take part in withdrawal from tobacco and to get nicotine substitution therapy free of charge.(14)
- Measuring the carbon monoxide expired by parents should be introduced as a tool and as a part of the ordinary health examinations as maternity clinics.(14)
- Social welfare and health care and the educational system should collaborate in working up and developing identification and prevention methods to anticipate future risk behaviour and exclusion and take them into standard use for the purpose of prevention.(14)
- Within childcare non-smoking should be promoted by means of play and various activities. The facilities of the day care personnel to promote non-smoking among families should be increased by means of supplementary training.(14)

- There should be organised afternoon activities for school children after school hours.(14)
- Increase the number of tobacco-free homes by mass media campaigns and smoking restrictions in public places and the workplace.(17)

6. Promotion of research

- Promote studies and projects to improve understanding of why young people start smoking, or the impact of health education programmes on young people in schools, on the motives which motivate the young to smoke and on the development of a comprehensive smoking prevention approach aimed at adolescents. Such measures are considered necessary, as it is clear that existing measures are not working sufficiently well to curb smoking incidence among the young.(2)
- Relevant public health/education/behavioural research to be a function of the national and European groups.(3)
- Further research may be helpful to ascertain whether anti-smoking education is more effective alone, or as a part of a holistic approach to health in schools.(10)
- At the same time as more funds are sought for tobacco control, further research should be undertaken to explore more effective ways to create economic incentives and disincentives for the tobacco industry to change its behaviour.(10)
- A literature search should be undertaken to review the evidence on the effectiveness of interventions that aim to help young people to quit.(10)
- Evaluation of initiatives should include cognitive and affective as well as behavioural outcomes.(11)
- A definition needed: what is meant by “young people” in order to develop a comprehensive tobacco control strategy for this group.(11)
- Ensure that current data collection systems provide sufficient detail not only on the under 16s but also on young people age 16 to 25.(11)
- Further research is required to enable us to understand the processes of initiation, addiction and cessation in young people. This should reflect a young person’s perspective.(11)
- Develop gender-specific strategies, with regard to diversity and the needs of women and girls in different cultural contexts. Ex. Smoke-free environments, gender-sensitive cessation methods, adoption of effective strategies to raise public awareness and to reduce tobacco initiation and use.(15)
- Monitor the effects of the pandemic and assess the effectiveness of countermeasures.(18)
- Strategies to provide economic alternatives to tobacco agricultural workers.(19)
- Monitoring of trends in smoking and other forms of tobacco use, tobacco-related disease and effectiveness of national smoking control action.(19)

7. Co-ordination of policies and research

- Development of a code of practice on the right to a smoke-free environment for children based on the existing European Code against Cancer.(2)

- Each country should be encouraged to form a coalition of groups involved in public health and education to be charged with organising appropriate national programmes whose principal aim is to initiate action to reduce tobacco consumption and its serious effects.(3)
- National groups to be encouraged to join in a European-wide collaborative network aimed at sharing information and expertise.(3)
- Surveillance and monitoring of education programmes, behavioural trends, smoking prevalence, knowledge and relevant attitudes be a priority and be funded as part of a comprehensive programme.(3)
- That there be a designated centre whose objectives should include the continual evaluation of the scientific literature of the association between tobacco usage and disease and the patterns of tobacco-related disease within the EU. This centre should be mandated to prepare an Annual Report for submission to the European Parliament.(3)
- Support the development and implementation of a WHO Framework Convention on Tobacco Control, and also ensure that public health concerns are otherwise addressed in tobacco policies.(4)
- Non-smoking among young people should be followed by means of a national system which produces sufficiently quickly and frequently information about the prevalence of smoking per school, educational institution and municipality.(14)
- The educational system, social welfare, health care, temperance work and non-governmental organisations should collaborate in developing and implementing health education programmes aimed at non-smoking for young people. They should take into account expert recommendations, local conditions, young people's needs, lifestyles and cultures.(14)
- An expert group appointed by the Ministry should assess the research and development concerning smoking among young and give a proposal for long term continued action taking into account future needs.(14)
- Mobilise NGOs, communities, religious groups, media, women's and youth organisations, and the scientific communities in the fight against tobacco products through a multidimensional approach. Monitor media to ensure accurate and balanced image of tobacco in reporting women's health issues.(15)
- Incorporate recommendations to combat the negative impact of tobacco in sections dealing with "women and health" and "the girl-child" in the UN general Assembly Special Session on Women 2000, and in other relevant UN follow-up sessions to international conferences.(15)
- Uphold the principle of women and children's right to health as a basic human right and build on the progress made at the Children's Summit.(15)
- Children's right to tobacco free environment must be safeguarded by national and local governments, voluntary bodies, community leaders, health workers, educators and parents.(17)
- A two-pronged strategy is required: reducing smoking in places where children live, play and learn, and reducing overall tobacco consumption.(17)
- Surveys, using biomarkers where possible, will be necessary to plot changes in children's involuntary exposure and monitor the effectiveness of interventions.(17)
- Build alliances between all sections of the community that want to promote good health.(18)

- Establishment and maintenance of an active national focal point to stimulate, support and co-ordinate tobacco control activities.(19)
- Establishment of an adequately financed and staffed national co-ordinating organisation on tobacco and health issues.(19)
- International organisations such as the UN agencies should review their existing programs and policies to ensure that tobacco control is given due prominence. They should sponsor research into the causes, consequences, and costs of smoking, and the cost effectiveness of interventions at the local level: They should address tobacco control issues that cross borders, including working with the WHO's proposed Framework Convention for Tobacco Control. Key areas for action include facilitating international agreements on smuggling control, discussions on tax harmonisation to reduce the incentives for smuggling, and bans on advertising and promotion involving the global communications media.(20)

8. Tobacco advertising and promotion

- End tobacco advertising, promotion, sponsorship and other tobacco marketing activities out of concern for children.(4)
- Minimal tobacco advertising in shops.(8)
- Brands that are popular with children and young people should be publicised as such, thus ruining the credibility with young people.(10)
- “Hollywood” and TV images of smoking are attractive to young people and ways need to be found to tackle this and “deglamourise” the habit.(10)
- Implementation and impact of the tobacco advertising ban should be closely monitored.(11)
- Bring about uniform directions and policies to prevent the conveyance of material containing tobacco advertising and promoting smoking. To begin with, the prevalence of tobacco advertising and smoking in the media should be studied.(14)
- Ban on all forms of tobacco advertising, sponsorship and promotion.(19)

Anti-Tobacco Marketing

- To be effective, modern marketing techniques must be used to achieve especially the young generations.(1)
- Anti-tobacco ads should focus on personal stories to which young people can relate.(10)

The Media

- Should support smoking education programmes and give high status to non-smokers and ex-smokers.(21)
- Should take action which encourages children not to smoke and avoid inadvertent editorial promotion of smoking.(21)
- Should refuse to accept overt and covert tobacco advertising and sponsorship.(21)

9. Tobacco taxation and pricing policy

- Pursue a tax policy aimed at upward harmonisation of the retail price of tobacco products.(3)
- Implement and maintain tobacco pricing policies that are designed to discourage tobacco use by children and that reflect the costs tobacco use imposes on society.(4)
- Maintain high cigarette prizes.(7)
- EU Member States should continue to resist the downward pressure on tobacco taxes.(10)
- Smuggling should be tackled not only through stricter enforcement of current laws, but also by upward harmonisation of taxes, thereby removing the incentive to smuggle.(10)
- Although the prize differential between generic/discounted cigarettes and branded products is not as large in the EU as in the USA, it is important to squeeze these margins tighter.(10)
- It might be helpful to construct a consumer prize index specially for young people's goods and services to ensure that tobacco prices increase by more than the average for this particular "basket", thereby reducing affordability.(10)
- Tobacco should be excluded from the cost-of-living index.(14)
- Raise the taxation of tobacco products clearly over the minimum level determined by the EU, and to determine the tax on all tobacco products to be of the same amount per consumer unit as that of factory made cigarettes.(14)
- Impose a levy of at least 1% of tobacco tax revenue to fund specific tobacco control and health promotion activities.(18)
- Institute progressive financial disincentives.(18)
- Tobacco taxes that increase faster than price and income growth.(19)
- A portion of tobacco taxes used to finance tobacco control measures and to sponsor sports and cultural events.(19)

10.Regulation of labelling, packaging, and contents of tobacco products

- Ban on misleading descriptions such as "light" or "low-tar".(1)
- Plain packaging of cigarettes should be adopted.(1)
- Cigarette smoke should be defined as carcinogenic substance.(1)
- Regulate the composition of cigarettes.(3)
- Require strong, prominent health warning labels on all tobacco products.(4)
- Regulate the manufacture of tobacco products to protect public health and minimise the appeal of these products to children and require disclosure of all compounds in tobacco products.(4)
- Cigarettes should be sold in very large cartons (ex 200 cigarettes). This would be inconvenient, difficult for young people to conceal, increase the cost of purchase, and possibly become uneconomic for small retailers to stock.(10)
- Packaging design should be generic, and perhaps "spoilt" with health information and/of tax stamps.(10)
- Action in relation to generic packaging, labelling and disclosure of composition should be prioritised.(11)
- Standardise the size of cigarette packets to 20 cigarettes.(14)

- Legal requirement for strong, varied warnings on cigarette packages.(19)
- Limitations on the levels of tar and nicotine permitted in manufactured cigarettes.(19)
- Mandatory reporting of toxic constituent levels in the smoke of manufactured tobacco products.(19)

11.Direct measures to be taken on tobacco industry

- The tobacco industry should pay a significant part of the costs to finance health education programmes: An annual levy should be imposed to tobacco companies to pay for such programmes.(1)
- Hold tobacco companies accountable for past wrongdoing through litigation or other actions, and hold tobacco companies accountable for future behaviour by requiring them to meet achievable targets for reducing tobacco use by children.(4)
- If the fines were substantial enough, it might be more effective to fine the TI, rather than the retailers, for illegal sales. This could create an incentive for the industry to ensure that sales were well regulated.(10)
- Tobacco companies should be required to disclose information on product composition and construction, sales figures and destination of products, and spending on advertising and promotion to permit a more accurate monitoring and control of these activities. Exposure of tobacco company practices also often generates public outrage and helps to sustain the political will for anti-tobacco programmes.(10)
- Tobacco companies should be required to pay back to national governments the money they will make from each young person starting to smoke. Governments should be required to hypothecate this revenue for anti-tobacco programmes.(10)
- Tobacco companies should be made responsible for illegal sales, whenever they occur, and required to pay substantial fines accordingly.(10)
- The legal profession should be enlisted to help make the TI legally liable for its actions. Lawyers are not only articulate and influential, but also have a financial incentive to take an interest.(10)
- Branding and marketing initiatives by the TI should also be closely monitored.(11)
- Disclose the tobacco industry tactics and campaign using the freedom argument.(16)
- More should be learned about TI youth programmes. The TI should not be allowed to carry out campaigns on protection on youth against smoking. Their idea behind this strategy should be disclosed.(16)
- Prohibit new methods of nicotine delivery and block future tobacco industry marketing strategies.(18)
- Induce a special tax on tobacco to finance smoking prevention and related health research.(21)
- End all national and European aid for production, manufacture and promotion of tobacco products and encourage diversification out of tobacco.(21)

12.Others

- Young people themselves should be actively involved.(4)
- The Defence Forces should designate non-smoking and health promotion as one important educational target.(14)
- Policy meetings and youth meetings must be used for policy and strategy development and definition, particularly: integration of children to live smoke-free with a “convention on children’s rights”, and application to tobacco of the normal standards used with other products, and reduction of financial loss to improve the welfare of children in developing countries.(16)
- Interventions through legislation and education need to be culturally specific.(17)
- Establish a ministerial action group to ensure that relevant departments develop and implement effective tobacco control policies.(21)
- The centrepiece of tobacco prevention and control efforts must be the process of positive youth development and the transition of young people to adulthood. Thus, measures must speak to and contribute to youth rights and empowerment and promote young peoples’ opportunities and capacities for health and wellbeing. They must build around and engage youth directly and integrally in the conception, development, implementation and monitoring and evaluation of tobacco control policies and programmes.(22)
- Experience and evidence suggests that the challenge for the future is not so much to develop new programmes as it is to come up with innovative and effective ways of packaging and delivering current ones.(22)
- The cultural context in which policies and programmes are conceived delivered and monitored is both important and critical to the success of interventions. More effort is required to distinguish between universal principles, strategies and tools and resources that can be effectively applied globally and those factors that are unique to particular countries and cultures and cannot readily be transposed and transferred.(22)

Future action could be shaped around the following kinds of activities:

- A commitment to incorporating a youth perspective in upcoming international and regional tobacco control meetings wherever appropriate. This could take various forms including youth representation in the planning of meetings, the structuring of agendas to incorporate youth concerns and points of view, etc.
- The development of a dialogue, perhaps through a virtual network of selected participants from the Singapore Consultation, to establish a consensus statement of key principles associated with “tobacco and youth: what works.” This would include such points as comprehensiveness, youth involvement, community infrastructure/support, perhaps issues of rights, the critical importance of pricing, partnerships, and even harm reduction.
- The institution of a process for systematically analyzing experiences around the world, drawing on the experiences from Singapore – and Kobe – and the development of a template for “what works”. This would include criteria for best practices in tobacco control as well as examples of best practices and the factors associated with their successful implementation in developing and developed countries throughout the world.
- The development of a strategy and modest resources to extract lessons from the tobacco industry disclosures and a simple and practical “how to” guide, or primer, to access and use this information to contribute to in-country advocacy, lobbying and policy intervention around tobacco control issues.

- The development of a research agenda, including both extension of the GYTS (The Global Youth Tobacco Survey) and continuation of important epidemiological work, as well as strengthened study of the causes of smoking and the behaviours associated with both smoking initiation and cessation. (22)

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