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THE IMPACT OF THE TOBACCO CONTROL LAW ON YOUTH TOBACCO USE

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ABSTRACT

Résumé

Introduction. Tobacco consumption is one of the global problems that creates serious health risks. The Georgian anti-tobacco law was accepted on 2017.

The objective of the study. The research aims to evaluate the effectiveness of tobacco control legislation on tobacco consumption by students in Georgia.

Material and methods. A focus group method was used within qualitative research. A nonprobability sampling method and its most convenient type – a snowball sampling was used for the respondent selection. Respondents were the students of Tbilisi State University (Georgia).

The group was comprised of Ilia State University undergraduate and postgraduate students (Tbilisi, Georgia). A total of 14 respondents were interviewed: 6 women and 8 men male. The age of the participants ranged from 20 to 24 years.

Results. Respondents began smoking between the ages of 14-16 years old. Regarding the reasons to begin smoking, the subjects attributed the decision to a mild curiosity spurned by a positive atmosphere of social encouragement. Respondents are aware of the amendments to the Tobacco Control Law, they being more or less aware of the prohibitions that followed, and what sanctions would be imposed in case of violations.

L'impact de la loi sur le contrôle du tabac sur l'utilisation du tabac par les jeunes

Introduction. La consommation de tabac est l'un des problèmes mondiaux qui crée de graves risques pour la santé. La loi géorgienne antitabac a été acceptée en 2017.

L'objectif de l'étude. La recherche vise à évaluer l'efficacité de la législation antitabac sur la consommation de tabac par les étudiants en Géorgie.

Matériel et méthodes. Une méthode de groupe de discussion a été utilisée dans la recherche qualitative. Une méthode d'échantillonnage non probabiliste et son type le plus pratique – un échantillonnage en boule de neige a été utilisé pour la sélection des répondants. Les répondants étaient les étudiants de l'Université d'État de Tbilissi (Géorgie).

Le groupe était composé d'étudiants de premier et de troisième cycle de l'Université d'État d'Ilia (Tbilissi, Géorgie). Au total, 14 répondants ont été questionnés: 6 femmes et 8 hommes. L'âge des participants variait de 20 à 24 ans.

Résultats. Les répondants ont commencé à fumer entre 14 et 16 ans. En ce qui concerne les raisons pour lesquelles les répondants ont commencé à fumer, les

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Public Health and Insurance Institute, The Faculty of Business, Technology and Education, Ilia State University, Tbilisi, Georgia Email: Tengiz.verulava@gmail.com Ten respondents positively evaluate these changes and believe that the positive results are noticeable in the short-term.

Conclusions. It is advisable to facilitate the preventing measures of tobacco consumption. In this regard, it is welcome to introduce the Law on Tobacco Control in Georgia that prohibits tobacco consumption and advertising in public places, particularly in educational and other institutions, as well as selling tobacco products near schools.

Keywords: anti-tobacco law, tobacco consumption, behavior, social environment.

INTRODUCTION

According to The World Health Organization, 8 million people die each year as the result of tobacco use; 7 million of which are caused by direct tobacco consumption and more than 1 million who are victims of passive smoking (second-hand smoke exposure)¹. Billions of people worldwide are tobacco users, 80% of whom live in developing countries, where the impact of tobacco-related deaths and diseases is most detrimental to society^{2,3}. Georgia is counted among the countries where tobacco use is a serious problem^{4,5,6}. According to the "Noncommunicable Disease Risk Factor Study" made in 2016, 31% of the adult population (57% of men and 7% of women) are tobacco users, one of the highest rates of tobacco consumption in the world⁷.

Adolescents of low socioeconomic status are particularly susceptible to tobacco-related ailments^{8,9}, a lack of education concerning the harmful effects of the product being most likely involved^{10,11}. Since the majority of adult smokers starts smoking during adolescence¹², preventing efforts need to begin before smoking behaviors are established^{13,14}. For adolescents, the principal aims of tobacco control policies are to reduce the initiation of adolescent smoking and reduce smoking frequency^{15,16}.

Over the past decade, state tobacco control policies have strengthened considerably¹⁷. The World Health Organization has established a Framework Convention on Tobacco Control, which came into effect on the 27th February, 2005¹⁸. By ratifying the document, Georgia agreed to implement comprehensive sujets ont attribué la décision à une légère curiosité rejetée par une atmosphère positive d'encouragement social. Les répondants sont au courant des modifications apportées à la loi antitabac; être plus ou moins au courant des interdictions qui ont suivi et des sanctions qui seraient imposées en cas de violation. Les répondants (n = 10) évaluent positivement ces changements et pensent que les résultats positifs sont perceptibles à court-terme.

Conclusions. Il est conseillé de faciliter les mesures de prévention de la consommation de tabac. À cet égard, il est opportun de présenter la loi sur la lutte antitabac en Géorgie qui interdit la consommation de tabac et la publicité dans les lieux publiques, en particulier dans les établissements d'enseignement et autres, ainsi que la vente de produits du tabac à proximité des écoles.

Mots-clés: consommation de tabac, comportement, environnement social.

tobacco control measures throughout the country. In order to curb the intake of tobacco, the country adopted the Tobacco Control Law on May 17th of 2017¹⁹. The law promptly banning tobacco use in all most public spaces includes: offices, restaurants, public transport, and even some open-air public spaces. The limited exceptions being private apartments, psychiatric hospitals, casinos and penitentiaries. The law also forbids advertising, promoting and/or sponsoring tobacco by any means. These restrictions, among other changes in the regulation of tobacco use, have incited mixed reactions from the public.

However only a few studies have examined the effects of smoke-free legislation on adolescent smoking behaviors.

THE OBJECTIVE OF THE STUDY was to examine the impact of the Tobacco Control Law on student smoking in Georgia.

MATERIAL AND METHODS

As the research was focused on obtaining comprehensive quantitative data in addition to studying behavioral response, the study was conducted using the qualitative methodology of focus groups. This medium allowed us to delve deeper into the issue by observing the non-verbal behavior of the respondents; tantamount to the personalization of a study which aims to understand the change in human behavior spurred by the imposition of a new tendentious law.

A nonprobability sampling method and its most convenient type – a snowball sampling was used for the respondent selection. The group was comprised of Ilia State University undergraduate and postgraduate students. A total of 14 respondents were interviewed: 6 women and 8 men. Six of them were non-smokers and 8 of them were past or current smokers. The age of the participants ranged from 20 to 24 years.

A semi-structured interview was deemed the most effective tool in which to spark conversation, as opposed to a more rigid format which could alienate the participants, make them feel uncomfortable, and subsequently withhold pertinent information. Different guidelines were constructed corresponding to the group's demographics: whether they were former, current, or non-smokers. All the interview guidelines included the following: 1) tobacco harm; 2) tobacco consumption; 3) tobacco control and state.

We conducted two focus groups – one for non-smokers and the other for past and current smokers, in order to form an empathetic environment among the participants. A transcript, with a unique code, was given to each subject in order to trace that participant back to their transcript. Analyzing this crude material required data categorization and thematic analysis.

RESULTS

Awareness of the harmful effects of tobacco

Both smoking and non-smoking respondents were informed, prior to the focus group, about the risks of tobacco use. According to them, tobacco causes diseases such as lung cancer and a plethora of other cardiovascular diseases.

"I know that tobacco emits a lot of very harmful substances that help to instigate and spread various diseases in the body."

All respondents understood the definition of a passive smoker and most were passive smokers themselves. Smoker respondents were conscious of their smoking habit having further enforced a smoking environment. Whether the non-smokers were cognizant of this suggestion is not for this study to explore. However, 4 respondents were passive smokers: in crowded places, in stadiums, bars, taxis, as well as in private cars and homes.

Personal experiences with tobacco use

Respondents began smoking between the ages of 14-16 years. Regarding the reasons why respondents began smoking, the subjects attributed the decision to a mild curiosity spurned by a positive atmosphere of social encouragement.

"It was something new, something cool and at the same time it tasted really bad. Though, I was still forcing myself to smoke along with a friend of mine." "There was this guy that I liked, who was a smoker, and I thought he liked it when a girl was smoking, so I stated smoking too. At first, I could not even inhale the smoke, so I just pretended."

Some subjects associated the commencement of the habit as a group decision.

"My group of friends started and I followed them."

For 3 respondents, smoking was a distraction.

"I used to, sort of, move some kind of emotion on to the cigarettes, so to speak. Deflecting some of my needs and emotions."

Four respondents have repeatedly refused to smoke, but after some time they began the habit again. A return excused in various ways.

"The overwhelming emotional burden was enough to make me quit smoking, even if love was the reason. Then when it all faded, I would start smoking again."

Three respondents have quit smoking due to the short-term negatives, such as: smelling bad and halitosis. 3 respondents also reiterated their fear of contracting one of the previously mentioned ailments. For 2 participants this change was only temporary.

"I have dropped it several times because of the negative effects of cigarettes, like bad smell and how it drains your energy. But after a few months when I got drunk, I would start again, so it happens all the time."

Four respondents had quit smoking a few months before the study was conducted and considered this time to be the last time, they would quit smoking.

According to the focus group participants, there was an underlying psychological dependence on smoking paired with the physical dependence.

"Once me and my friends went to a vacation together and smoked all of our cigarettes by the time the sun went down. The market was closed; I wanted to smoke so bad that I was smoking burnt leftover cigarettes. Tricking myself psychologically that I was smoking real cigarettes. The first thing I did was go to the store and buy them."

Focus group participants compared smoking to a ritual. They identified social situations where the act is simply a habit for a smoker and nothing more, quoting: nervousness, smoking while drinking coffee, smoking with alcohol, etc.

"It's psychological, because I know a smoker needs 6-7 cigarettes a day because of physical dependence. The rest is very psychological because we associate it with some actions, for example if I have to get out of the house I need to smoke."

Attitude towards other smokers

Six non-smokers and 5 smokers do not like when others consume tobacco.

"Even though I'm a smoker myself, other people smelling like cigarettes is very irritating for me."

They also concur that smoking is bad, not only due to the irritating odors and health hazards, but the publicity in smoking sets a bad example for others: which may lead them to do the same. Only one respondent stated that he liked it when others were using tobacco. Yet his attitude was determined by his demographic characteristics, particularly, the smoker's sex.

"I like a girl who smokes cigarettes if she is very sexy."

In lieu of this positive response to smoking publicly, only 2 respondents who were surveyed were virulently annoyed by the publicity.

"I don't know... now you may say backward, but when a woman is a smoker, it's particularly annoying, because she doesn't realize that she's a future mother. Her health is at risk much more when compared to a man."

Twelve respondents said they are particularly annoyed when tobacco users are minors. In reaction, some have taken measures into their own hands.

"When a youngster in the store asks me to buy a cigarette because he can't buy it himself, I get very angry and not only strictly refuse, but also I even lecture them. Because I know horrible things about smoking from my own experience."

Factors affecting tobacco use

According to the focus group participants, there are many factors that influence tobacco use, including: the social environment, passive smoking, imitation, etc. All of which are considered main triggers of tobacco use which can possibly lead to momentary social exclusion of not reciprocated.

"During the breaks, when people go together as a group to smoke, and you aren't a smoker, you're suddenly not one of the group members and you feel excluded."

Stress combined with an overall unhealthy environment: work in tandem

To promote healthy living and discourage tobacco use, there have been PR campaigns, penalties for use in public places, tobacco price hikes, tobacco packaging photos, etc. All of which have a positive effect on the prevention of tobacco use. However, for 12 respondents, they presume the rise of the price in cigarettes is not a good way to insight social prevention. Claiming that anyone who is addicted to cigarettes and pays more dearly, will perhaps seek substitutes and alternatives, such as raw tobacco.

Tobacco Control and the State

Seven respondents are aware of the amendments to the Tobacco Control Law; being more or less cognizant of the prohibitions that followed, and what sanctions would be imposed in case of violations.

"I know you can't smoke in bars, as well as in stadiums, in university yards and in traffic."

"Because I smoke and I know, more or less, about the changes, the most noticeable change for me are the new images on packs of cigarettes."

Respondents were aware of the number of bans enforced and the additional reforms planned

Regarding direct evaluations, some of the respondents positively evaluate these changes and believe that the positive results are noticeable in the short-term. Four non-smoking respondents positively assess all the changes and believe that their rights will no longer be violated, in addition to their health.

"I like this law very much, especially the part where you cannot smoke at bars. When I went to concerts, I came back smelling like cigarettes, and for a week I couldn't wash it out of my clothes. The reason why I'm not a smoker is because of the smell, but they made me breath in that horrible air all the time."

However, 2 non-smoking respondents consider such changes to be a violation of human rights.

"I'm not a smoker, but I think smokers' rights are being violated. What if earlier, non-smokers' rights were being violated. Now, the person who goes to the bar and pays there, his money should be worth the money to feel comfortable in some way. We have to balance these rules somehow between us."

"After the price went up too much, I can't smoke in the kitchen at work anymore. I have to go all the way down from the 5th floor. So, I smoke less now. "

"I was smoking a lot when I was drinking at the bar, and now going outside makes it so much more uncomfortable, so I smoke less."

Three participants were those who quit smoking due to these additional regulations.

"I haven't had it in six months. Cigarettes have become so expensive that I think of the money I was putting into it, then I started to work out and eventually lost the desire to smoke."

However, not everyone agrees with the increase in price. 2 respondents think that these changes are futile, only serving to impoverish the population even further.

"They only want to make more money out of people, they don't care about public health."

"For example, I switched to raw tobacco. What does it matter to my lungs if I smoke either of those? They are both harmful, aren't they?"

Despite the perceived negatives, the 10 respondents approve the changes, hoping they will produce positive effects, both by promoting healthier lifestyles among Georgians and reducing the risk of diseases caused by tobacco use.

CONCLUSIONS

Respondents were made aware, prior to the study, of both the harmfulness of tobacco and the changes within the Georgian law. Most of them have since become passive smokers in public places. Most started smoking under the influence of peers, and the others, as a part of college. Stimulated by a perception of social desirability and the excitement of something new.

Some smokers have repeatedly and unsuccessfully tried to give up on tobacco, while others have managed to escape this harmful habit. Most of the respondents who have quit smoking claimed that their final decision was justified by the changes in the law.

It is also worth noting that the majority of the focus group participants are annoyed when others consume tobacco. In some cases, this irritation is connected to the consumers sex, as they disapprove tobacco use by women. In contrast, one male respondent stated that he welcomes the image of a woman smoking tobacco.

In regard to the new law, most of the smokers, non-smokers and ex-smokers alike are in favor of new restrictions and consider those recently put in place by the Tobacco Control Law to be effective. In other cases, however, focus group participants disapprove of these same changes; believing it has no effect on one's health and further violates one's human rights.

Author contributions

Conceptualization: T.V., M.M.; Methodology: B.K., M.M.; Software: B.K., M.M.; Analysis and/or interpretation: B.K., M.M.; Validation: T.V., M.M., B.K.; Formal analysis: B.K., M.M. Investigation: T.V., M.M., B.K.; Resources: T.V., M.M.; Data curation: B.K., M.M.; Writing – original draft preparation: B.K., M.M.; Writing – review and editing: T.V., M.M.; Visualization: T.V., M.M., B.K.; Supervision: T.V.; Project administration: T.V. All the authors have read and agreed with the final version of the article.

Compliance with Ethics Requirements:

"The authors declare no conflict of interest regarding this article"

"The authors declare that all the procedures and experiments of this study respect the ethical standards in the Helsinki Declaration of 1975, as revised in 2008(5), as well as the national law. Informed consent was obtained from all the patients included in the study"

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