Anti-smoking policy in Russia: Relevant factors and program planning

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1. Introduction

The problem of smoking has long been of great relevance both for research studies and for government interventions. It is a well-known fact that smoking leads to a variety of negative health consequences. The WHO Report on The Global Tobacco Epidemic 2015 and The Tobacco Atlas 2015 (Eriksen, Mackay, Schlager, Gomeshiappeh, & Drope, 2015) show that Russia tops the list of countries ranked by smoking rates and cigarette consumption. An increase in the proportion of female smokers makes a significant contribution to the increase in tobacco use in Russia. Under these circumstances, effective anti-smoking policy is key to the success of the effort to improve public health in Russia.

A variety of sociological and economic factors potentially influence an individual’s choice to smoke cigarettes. These include gender (Gorman, Lariscy, & Kaushik, 2014; Harrison, Lau, & Rutström, 2010), age (Levin, Dundas, Miller, & McCartney, 2014; Stikley & Carlson, 2009; Scharff & Viscusi, 2011), marital status (Chahine, Subramanian, & Levy, 2011; Macy, Chassin, & Presson, 2013), the smoking behavior of parents (De Leeuw, Verhagen, de Wit, Scholte, & Engels, 2011; Kinard & Webster, 2010), and an individual’s health status, including self-evaluations of health (Tsai et al., 2010). Economic factors which are often mentioned include employment status (Arcaya, Glymour, Christakis, Kawachi, & Subramanian, 2014), education (Pampel et al., 2015) and income (Shankar, McMunn, & Steptoe, 2010). Chahine et al. (2011) and Li, Wang, Chen, Chai, and Tang (2012) find that regional differences are important in the analysis of individuals’ health behavior. Generally, authors analyze the rate of time preference (RTP), which reflects an individual’s preference on how to distribute their consumption over time. Becker and Murphy’s (1998) theory of rational addiction states that an individual who consumes an addictive good is acting rationally and maximizes his or her utility from consumption of this good over time. Studies confirm that individuals with relatively high RTPs are more inclined toward unhealthy behavior than individuals with low rates. For instance, Bradford, Zoller, and Silvestri (2010) show that “discount rates are generally inversely related to the likelihood of most screening tests” (Bradford et al., 2010, p. 1005). Komlos, Smith, and Bogin, (2004) find that a positive relationship between rates of time preference and obesity is plausible. Smith, Bogin, and Bishai (2005) reveal that time preference and body mass index are positively related for some population groups. The parameter of individual discount rate plays a key role in examining addictive behaviors (Ida & Goto 2009).

In our paper, we examine factors that influence how Russian men and women decide whether to take up smoking and investigate the role of individual time preferences. Understanding the factors that contribute to an individual’s decision to smoke can help government agencies set priorities in social policies aimed at discouraging the population from smoking.
2. Anti-smoking policy and evaluation of healthy lifestyle programs in Russia

Smoking is one of the most severe risk factors for human health. It also causes social and economic harm, and therefore it should be addressed with effective anti-smoking measures. The government can address the issue of smoking by means of taxation, by regulating the availability of different types of tobacco, by regulating smoking in public places, social advertising, and preventive medical care. Currently, anti-smoking policy in Russia is a mix of these measures. As a part of its anti-smoking policy, the Russian government passed a federal law aimed at safeguarding the health of the public from the influence of tobacco smoke and the consequences of tobacco consumption in 2013. This has led to a dramatic decrease in the number of places where smoking is permitted. At present, bars, restaurants, hotels, long- and short-distance trains, and platforms are smoke-free zones. Smoking is prohibited in all social infrastructure facilities. Tobacco sales are prohibited within 100 m of educational institutions. The law introduces a complete ban on the advertising of tobacco and smoking paraphernalia. Cigarette packs contain illustrated labels that warn people about the harmful effects of smoking in visual form. The contents of tobacco products are now subject to stricter quality control. Manufacturers are required to specify in detail the composition of the ingredients of tobacco products on their packages. Notably, Russian regions can impose additional restrictions on smoking on top of federal bans. For example, smoking is completely prohibited in parks, squares and embankments in the regions of Samara and Ivanovo.

The WHO Report on The Global Tobacco Epidemic (2015) states that the most effective way to reduce tobacco use is to raise taxes. Russia has opted for this strategy and is gradually increasing the excise tax on tobacco. Namely, the government is planning to increase excise tax rates on tobacco by 10% in 2017 and then to index excise rates by 10% in 2018 and 2019. The government is also aligning the rate of excise duty on different types of tobacco. This has led to a constant rise in the price of cigarettes. On the one hand, increasing taxes might lead to an increase in the illegal tobacco trade. On the other hand, it is hoped that the tax increases will increase government revenues, which can be spent on the fight against the consequences of smoking for public health. At the same time, any attempt to increase taxes meets with strong resistance from tobacco companies, because the Russian market promises significant revenues.

An important form of anti-smoking policy is the implementation of special government programs at both the federal and regional levels. As a rule, such programs include not only anti-smoking campaigns, but also measures to counter alcohol abuse and promote increased physical activity. While the federal government is mainly engaged in establishing restrictions on the sale of cigarettes and increasing taxes, regional authorities spend budget funds on promoting healthy lifestyles and creating smoking prevention systems. Table 1 provides examples of such programs along with the corresponding activities. The regions were chosen based on the availability of information about anti-smoking programs being implemented. Furthermore, we tried to select regions from different parts of the country with different levels of socioeconomic development. This enables us to show both the variability and common features of programs in different regions of the country.

Table 1 shows that the target population groups of each program are identified quite thoroughly. Regional agencies have attempted to cover the entire population over 18. They do not attempt to reach each group individually as they lack the budget to implement large-scale activities for each population group separately. If the government chooses only one target group and studies it more thoroughly, clear criteria are required to set priorities, but there are no such criteria at present. We note that some studies recommend targeting anti-smoking policy primarily toward women and young men (Lunze & Migliorini, 2013). Thus, it is necessary to further develop methods of evaluating the impact of healthy lifestyle programs on specific target population groups in order to select the most effective anti-smoking measures.

Activities for each program include extensive promotion of healthy lifestyles among the population. Social advertising and the promotion of a healthy lifestyle are undoubtedly important. However, these programs do not state how such campaigns should be structured. A matter of concern is that different population groups may be receptive to different arguments against smoking. It is important to consider this fact in the process of training professionals and during lectures for schoolchildren. For decisionmakers, it is important to know the individual characteristics and individual preferences of each target group. Otherwise the prevalence of smoking will not decline. Overall, anti-smoking policy faces the challenge of determining factors related to an individual’s decision to smoke. We address this question in Section 3.

It is worth noting that the programs in the Republic of Bashkortostan and the Republic of Altai were completed in 2015. In Russia, each region can independently adopt its own methodology to evaluate the performance of the programs it has implemented. The Republic of Altai evaluates the performance of its program by estimating the percentage of the target outcome indicators that have been achieved. Bashkortostan uses a point rating method of performance evaluation. Decisionmakers consider the cost of achieving the target values of the outcome indicators and the values of the outcome indicators which have actually been reached. We note that the results of performance evaluations are not published on the websites of regional governments. Only information on the amount of budgetary funds spent on the implementation of programs each year is publicly available. Official statistics do not allow the average user to draw conclusions about the success of such programs. The Federal State Statistics Service of Russia publishes data on cigarette sales for the whole country without disaggregating by gender, age group, and region. Detailed statistics are available for the relevant agencies but they are not publicly accessible. Thus, the external user of this information does not have sufficient data to evaluate the performance of government programs and to assess whether the target values of the program indicators have been achieved. We can thus conclude that the performance evaluation results should be made more transparent. Moreover, the system of program performance evaluation as a whole ought to be reviewed. The program target audiences must be chosen more competently, and this information must be used to formulate outcome indicators. This would be the first step towards improving the monitoring of program results.

3. Factors influencing an individual’s decision to smoke cigarettes

During the transition to a market economy, smoking prevalence continues to rise in Russia (Bobak, Gilmore, Mcken, Rose, & Marmot, 2006; Perlman, Bobak, Gilmore, & Mcken, 2007). The portrait of a smoker in Russia has long been of great interest to researchers, who have attempted to bring to light important changes in the socioeconomic determinants of smoking behavior (Herzfeld, Huffman, & Rizov, 2014; Stikley & Carlson, 2009) as well as to conduct cross-country comparisons (Pomerleau, Gilmore, Mcken, Rose, & Haerpf, 2004; Roberts et al., 2012). As far as individual unhealthy behaviors are concerned, there is evidence that high individual time preferences are positively correlated with smoking (Harrison et al., 2010). Here, we focus on several Russia-centric studies that are most relevant to our research.

Bobak et al. (2006) investigate changes in the prevalence of smoking in Russia from 1996 to 2004. Based on repeated national interview surveys of the adult population in 1996 and 2004, the authors note a moderate increase in female smoking. They find that the least-educated male group has started to smoke more. At the same time, smoking has declined among the most-educated male group. For women, the conclusions are the opposite.

Pomerleau et al. (2004) analyze the relationship between smoking and socioeconomic factors in several countries of the former Soviet
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