




Tobacco as children's environmental health concern in Russia

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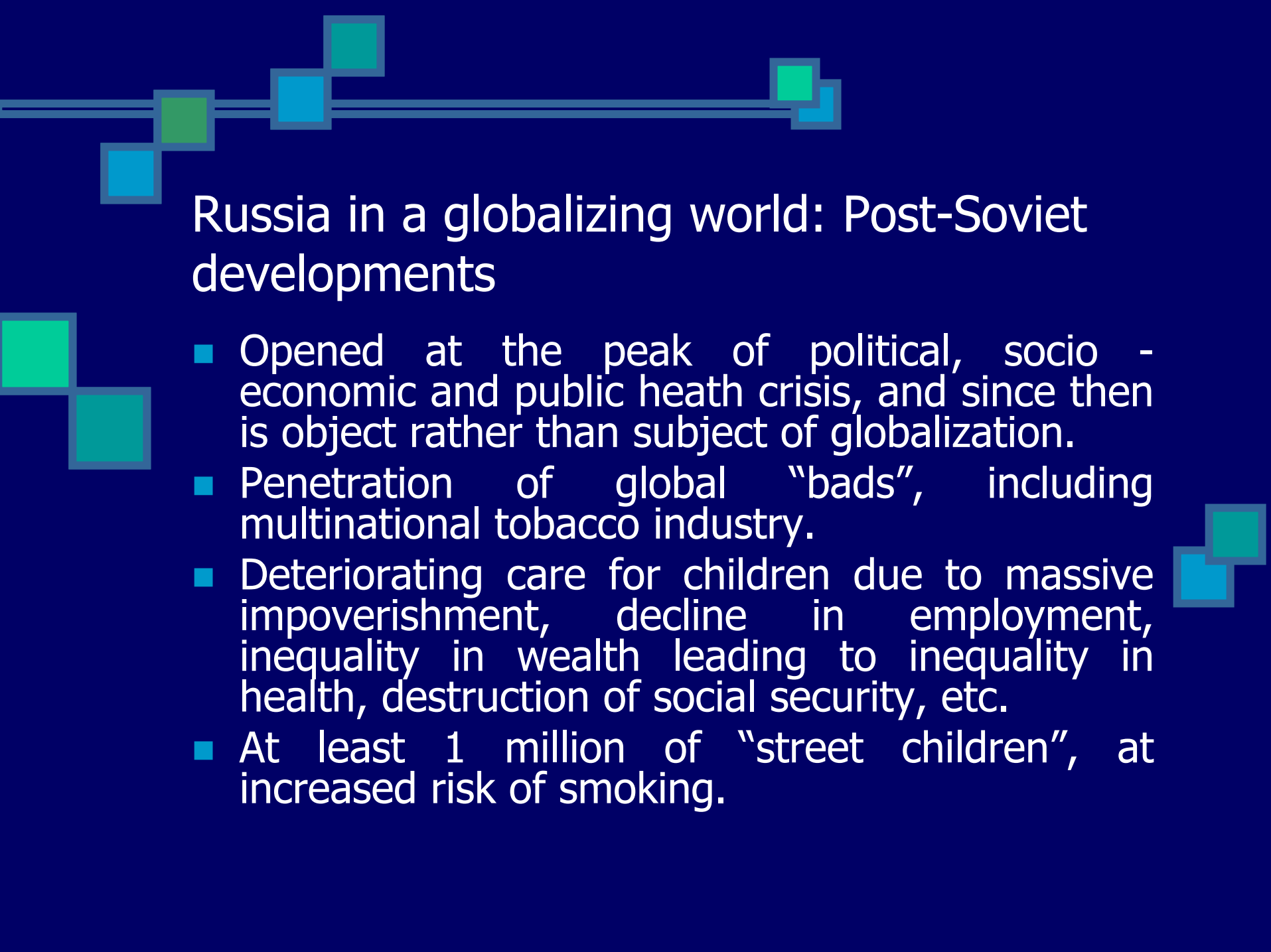
Children and tobacco in the world

- The highest prevalence of tobacco use by children – in Central and Eastern Europe, Russia, part of India, islands of the Western Pacific region.
 - Smoking is a prevalent pediatric disease. Over 80% of smokers start smoking at the age under 18. Effectiveness of quit smoking help is low.
 - Tobacco is a weapon of mass destruction. Half of smoking children will be killed by tobacco.
 - Over 60% of children are exposed to tobacco smoke in public places and at homes.
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Children and tobacco in processes of globalization

- Children are the most vulnerable and politically weak group of population.
- Multinational tobacco industry is the global “bad”, vector and driving force of tobacco epidemic. The main aim is the population of developing countries and economies in transition, including Russia.
- Great losses of health and expenses on compensation of damage caused by smoking force the governments to control tobacco epidemic, in fact – multinational tobacco industry.
- This is the aim of FCTC, adopted in May 2003 and ratified in February 2005. – global regulation.

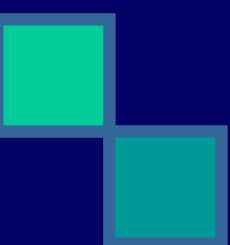



Russia in a globalizing world: Post-Soviet developments

- Opened at the peak of political, socio - economic and public health crisis, and since then is object rather than subject of globalization.
- Penetration of global “bads”, including multinational tobacco industry.
- Deteriorating care for children due to massive impoverishment, decline in employment, inequality in wealth leading to inequality in health, destruction of social security, etc.
- At least 1 million of “street children”, at increased risk of smoking.




Tobacco situation in Russia

- Partially transparent.
 - Absorbed by multinational tobacco industry after 1991.
 - Production more than doubled up to 400 billion per year, up to the level of Japan.
 - Consumption increased up to 300 billion per year.
 - Huge illegal sector. Smuggling up to 100 billion per year, mainly in NIS and EU.
 - Rising prevalence and consumption, especially among the vulnerable groups: children and women. 72% of men, 30% of women and >50% of adolescents (according to N.F. Gerasimenko, 2001). 300-600 thousand deaths per year.
 - Awareness of society of aspects of tobacco epidemic – social, political, economic, and public health is inadequate.
 - Tobacco is the cause of public health crisis and impoverishment of population and the state.
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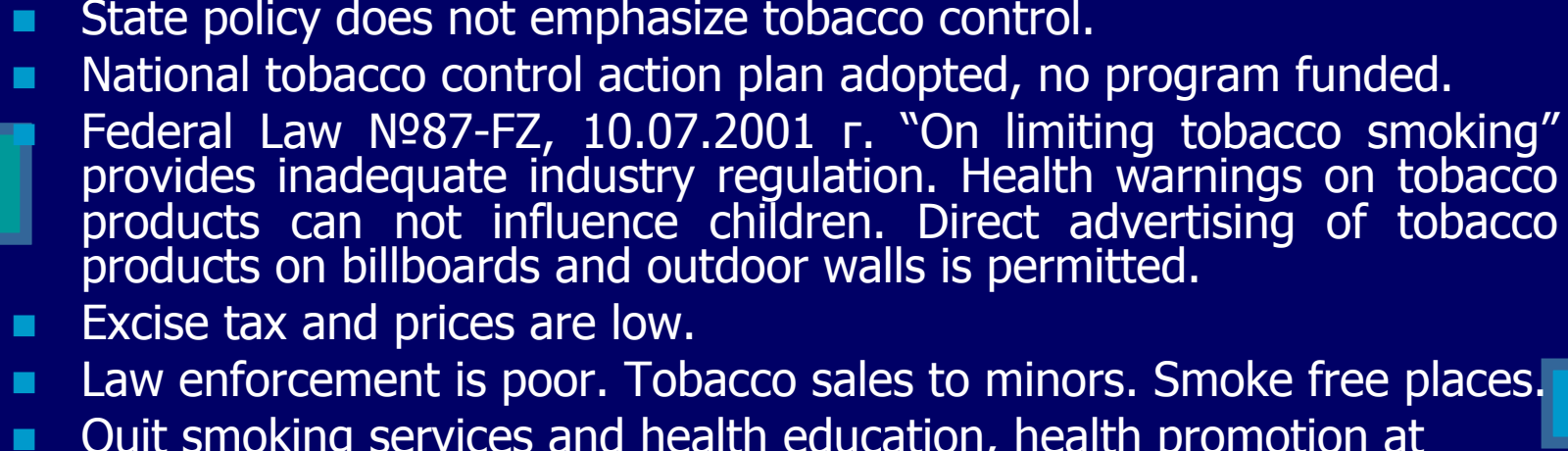


Subjects of tobacco policy

- State.
 - Private business.
 - Civil society.
 - In the era of globalization: International subjects.
 - «Global Bad» - tobacco industry.
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State

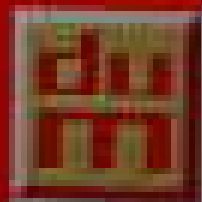
- State policy does not emphasize tobacco control.
 - National tobacco control action plan adopted, no program funded.
 - Federal Law №87-FZ, 10.07.2001 г. "On limiting tobacco smoking" provides inadequate industry regulation. Health warnings on tobacco products can not influence children. Direct advertising of tobacco products on billboards and outdoor walls is permitted.
 - Excise tax and prices are low.
 - Law enforcement is poor. Tobacco sales to minors. Smoke free places.
 - Quit smoking services and health education, health promotion at schools and health care are inadequate due to lack of funding.
 - Direct collaboration with the industry.
 - FCTC process is slow.
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WARNING
TOBACCO
USE CAN
MAKE YOU
IMPOTENT

Cigarettes may cause sexual impotence due to decreased blood flow to the penis. This can prevent you from having an erection.

Health Canada

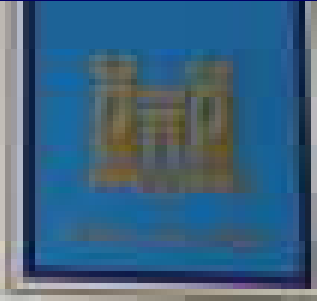
du MAURIER



Extra Light

20
CIGARETTES

100% TOBACCO
100% CIGARETTES



KENT

SUPER LIGHTS



ОЧЕНЬ ЛЕГКИЙ ВКУС
CHARCOAL FILTER


Курение вредит
вашему здоровью



Private business

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- Private business is socially irresponsible with a few exceptions.
 - Trade, advertising, media business promote tobacco among children.





Actors in tobacco policy: International players

- UN: WHO and FCTC process, UNICEF, ILO.
- WB, IMF, WTO.
- Governmental agencies: CIDA, USAID, NIH, FIC, CDC, EU agencies, KTL, etc.
- Organizations: RITC, CPHA, AIHA, OSI, ENSP, etc.
- Academic institutions: LSHTM, etc.
- Information and advocacy networks: FCA, GLOBALink, Tobinfo, etc. Quit and Win Campaign.


Should consider more emphasis on protecting children from the risks of tobacco.

Activities implemented by RPHA in partnership with RITC and CPHA with CIDA support.



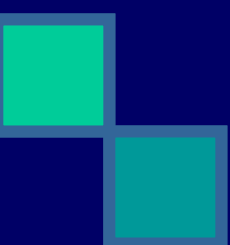



Actors in tobacco policy: Civil society

- Started to develop after 1990.
 - Litigation case against tobacco companies unsuccessful.
 - NGOs active in tobacco control and National coalition for tobacco control.
 - Scarce resources, poor full time opportunities, inadequate communication and coordination, collaboration with state officials.
 - Increasing interaction due to participation in FCTC process.
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Actors in tobacco policy: Tobacco industry

- Russia has become the primary stronghold of the industry in CIS region, and in Europe together with Germany.
 - “Wild West” environment for the industry.
 - Massive direct and indirect advertising, target audiences: youth and women.
 - Participation in development of legislation and FCTC process at the national and global levels.
 - Avoiding responsibility and regulation: social reporting, voluntary ethical codes of conduct, sponsorship.
 - Imitation of civil society and public health activities among children, involving state, public leaders, public health activists, etc.
 - Shaping public opinion: emphasis on “ban on sales to minors” and “protecting smokers rights”.
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Failure of “ban on sales to minors” initiative of the industry

- Fail to decrease prevalence of smoking among 12-17 years old adolescents.

Youth Access: A Failed Intervention. Stanton A. Glantz, University of California, San Francisco, 12 WCTOH, Helsinki, Finland, August 2003.



Conclusions

- Limited resources should be used for implementation of effective measures. Support development and implementation of effective legislation, national plan.
- Ratification and implementation of the highest standards of FCTC, first of all pricing and taxation measures aimed at reducing demand;
 - Preventing exposure to ETS, extending smoke free zones at the workplace, in public places, in homes;
 - Environmental protection and public health. The issue of tobacco smoke should become the issue of environmental protection and sanitary-epidemiological surveillance, securing the right to clean air. State sanitary surveillance and environmental protection agencies should take lead in these activities.

Conclusions

- Comprehensive ban on all advertising, sponsorship, etc.
- Information on the risks of smoking, first of all in the age group 18 - 25 years, who are the role models for children and other age groups. Mass media campaigns, smoke free cinema, mass media, sports, etc.
- To open possibilities for development of legislation at the level of subjects of Federation and municipalities. To prove that the Federal Law sets the minimal, not the maximal floor list and level of tobacco control measures. Tyumen is Russian California in this respect.
- Activities of a National coalition, bringing together state officials, civil society activists, private businesses, in cooperation with international anti tobacco community. The leading subject of policy is the state, protecting national interests.
- Comprehensive ban on collaboration with «global bad» - tobacco industry.

Comprehensive strategy of tobacco control among children

Thinking Outside of the Box: Comprehensive Tobacco Control and the Youth of Yesterday, Today and Tomorrow. Elinor E. Wilson, RN, PhD, Chief Science Officer, Heart and Stroke Foundation of Canada, 12 WCTOH, Helsinki, Finland, August 2003.



Conclusions

- Organization of pro-health leisure time activities.
Accessibility of sports, cultural facilities, etc.
- Prevention activities should be started earlier at school, because younger children usually try and then abstain from smoking, and are more impressed by information from adults. Participatory approaches should be used.
- School curricula should be reconsidered. Currently tobacco is discussed in detail in 9th grade, when many students are already dependent on tobacco, and cannot quit. School and household stress.
- Organizing quit smoking services in health, education, etc. facilities for children.
- Research, for example on “tobacco myths” among children, is important.
- Technical and financial support from international organizations is needed.

GYTS I (1999)

- The GYTS is a self-administered survey, with a standard methodology, that applies a core questionnaire to a representative school-based sample of students, aged 13-15 years.
- Moscow: Number of schools – 100, students - 4,755.
- 33,4% are current smokers.
- More than 60% of children are exposed in the public places or at home.
- Over 90% exposed to ads for cigarettes on billboards.
- 62,8% of current smokers purchased cigarettes in a store.
- Only 4.8% smoke at home.
- 22.4% smoked their first cigarette before age 10. 69.2% wish to quit, 76.1% tried to quit this year.
- Better understanding of the magnitude of the tobacco situation among Russian youth. Evidence submitted to State Duma, published and disseminated in Russia and abroad.
- Experience used for GYTS II, currently implemented by the Ministry of Health of Russian Federation, in developing National Coalition for Smoke Free Russia!”, in building advocacy for FCTC process (2002), also within Channeling the Outrage Campaign (2002-03), supported by WHO-EURO.
- Raised questions that needed qualitative research.

Qualitative research (2002-03)

- To discover the socio-cultural norms, beliefs and values of young people that influence their decision in whether or not to smoke.
- Moscow, Nizhny Novgorod, Petrozavodsk. 8-12 year old and 13-16 year old boys and girls. Total 48 individual and 12 focus group semi-structure open-ended interviews.
- Analysis of collected data is finalized.
- Children were never asked to express their feelings and opinions.
- Who is smoking in your class?
- Knowledge on risks of tobacco use is poor: "one develops cancer of the lip if does not inhale smoke", etc.
- Social dependence is dominating compared to pleasure, empowering, emotional, full-fledged ones.
- All smoking children conceal smoking from parents. Attempted quit smoking, but failed.
- Smoking accompanies alcohol intake during leisure time spent with peers. Some students relieve school stress by smoking during breaks.
- Smoking is not compatible with sports. Smoking compromises memory, intellect and school performance.
- Adults can influence smoking among younger children. Among high school students peer influence is the key.
- A girlfriend or a boyfriend may be a smoker, but not future husband or wife.
- Teachers are more tolerant towards smoking among high school students, and are concerned more with fire safety.
- Increased Russian qualitative capacity.
- Will provide Russian policy makers with additional information regarding tobacco control initiatives among youth. Qualitative methods will be incorporated in research, and State system "Monitoring unhealthy habits among children".