

Health impact of tobacco control policies in line with the WHO Framework Convention on Tobacco Control (WHO FCTC)



Based on the current level of adult smoking in the Russian Federation (1), premature deaths attributable to smoking are projected to be more than 19.1 million of the 38.2 million smokers alive today (Table 1) and may increase in the absence of stronger policies.

TABLE 1.
Initial smoking prevalence and projected premature deaths

Smoking preval	Smokers (n)	
Male	Female	Total
53.3	16.1	38 231 000

Projected premature deaths of current smokers (n)						
Male ^a	Female ^a	Total ^a	Total⁵			
14 124 500	4 991 000	19 115 500	12 425 075			

^a Premature deaths are based on relative risks from large-scale studies of high-income countries.

Key findings

Within 15 years, the effects of individual tobacco control policies when fully implemented in line with the WHO FCTC (2) are projected to reduce smoking prevalence by:

- 27.7% by increasing excise cigarette taxes from the current level of 32.38% to 75% and prevent much smoking among young people;
- 0.9% with stronger enforcement of the comprehensive smoke-free laws already in place;
- 0.3% by stronger enforcement of the comprehensive laws already in place banning advertising, promotion and sponsorship of tobacco products;
- 6% by requiring that strong graphic health warnings be added to tobacco products;
- 4.2% by increasing from moderate provision to a well publicized and comprehensive tobacco-cessation policy; and
- 6.3% by increasing awareness of the harms of tobacco use through a high-level media campaign.

^b Premature deaths are based on relative risks from large-scale studies of low- and middle-income countries. Source: WHO (1).

With this stronger set of policies and consistent with the WHO FCTC (2), smoking prevalence can be reduced by 29% within five years, 40% within 15 years and 50% within 40 years. Almost 9.5 million deaths could be averted in the long term (Table 2). The SimSmoke tobacco control model (3) incorporates synergies in implementing multiple policies (such as strong media campaigns with smoke-free laws and tobacco-cessation policies).

TABLE 2.

Effect of tobacco control policies (individual and combined) on initial smoking prevalence and smoking-attributable deaths

	Relative change	in smoking preva	alence (%)	Reduction in smoking-attributable deaths in 40 years (n)			
Tobacco control policy	5 years	15 years	40 years	Male	Female	Total ^a	Total ^b
Protect through smoke-free laws	-0.8	-0.9	-1.0	139 114	49 157	188 271	122 376
Offer tobacco-cessation services	-2.4	-4.2	-5.9	838 163	296 171	1 134 335	737 318
Mass media campaigns	-5.5	-6.3	-6.6	932 217	329 406	1 261 623	820 055
Warnings on cigarette packages	-4.0	-6.0	-8.0	1 129 960	399 280	1 529 240	994 006
Enforce marketing restrictions	-0.3	-0.3	-0.3	45 905	16 221	62 125	40 381
Raise cigarette taxes	-18.5	-27.7	-36.9	5 215 889	1 843 074	7 058 963	4 588 326
Combined policies	-28.5	-39.7	-49.7	7 017 857	2 479 813	9 497 670	6 173 486

^a Smoking-attributable deaths are based on relative risks from large-scale studies of high-income countries.

→ Monitor tobacco use

The prevalence of current adult smokers (18 and above) in the Russian Federation in 2010 was 53.3% for men and 16.1% for women (1).

→ Protect people from tobacco smoke

All public places in the Russian Federation are completely smoke-free (Table 3). Smoking violations incur fines for the patron and the establishment, but no funds are dedicated to enforcement, and no system is in place for citizen complaints and further investigations (4).

TABLE 3. Complete smoke-free indoor public places

•	•	⊘	⊘	⊘	Ø	⊘	⊘	⊘
Health-care facilities	Education facilities (except universities)	Universities	Government facilities	Indoor offices and workplaces	Restaurants	Cafes, pubs and bars	Public transport	All other indoor public places

Source: WHO (4).



^b Smoking-attributable deaths are based on relative risks from large-scale studies of low- and middle-income countries.

→ Offer help to quit tobacco use

Smoking-cessation services are available in some health clinics and other primary care facilities, hospitals and offices of health professionals, with costs fully covered by the national health service or national health insurance (except for cessation support in hospitals, which is not cost-covered). Nicotine replacement therapy can be purchased over the counter in a pharmacy without a prescription, but is not cost-covered. A toll-free quit line is available (4).

→ Warn about the dangers of tobacco

Health warnings are legally mandated to cover 30% of the front and 50% of the rear of the principal display area, with 13 such warnings approved by law. They describe the harmful effects of tobacco use on health and include a photograph or graphic. The law also mandates font size/style and colour for package warnings. The position of health warnings on packages rotates and the messages are written in the principal language(s) of the country. Moreover, the law mandates warnings to appear on each package and any outside packaging and labelling used in retail sale (4).

→ Enforce bans on tobacco advertising, promotion and sponsorship

Through federal laws on advertising (adopted in 2006, amended in 2013) and tobacco control (adopted in 2013) (5), the Russian Federation has bans in place on all forms of direct and indirect advertising (Table 4). The law requires fines for violations of these bans (4).

TABLE 4.
Bans on direct and indirect advertising

Direct advertising		Indirect advertising				
National television and radio	②	Free distribution in mail or through other means	Ø			
International television and radio	•	Promotional discounts	Ø			
Local magazines and newspapers	②	Non-tobacco products identified with tobacco brand names	Ø			
International magazines and newspapers	Ø	Appearance of tobacco brands in television and/or films (product placement)	Ø			
Billboards and outdoor advertising	Ø	Appearance of tobacco products in television and/or films	②			
Advertising at point of sale	Ø	Sponsored events	Ø			
Advertising on the Internet	Ø	Tobacco products display at point of sale	②			

Source: WHO (4).

= banned.

Additionally, the Russian Federation has:

- bans on tobacco companies/tobacco industry publicizing their activities; and
- bans on entities other than tobacco companies/tobacco industry publicizing activities of the tobacco companies (4).

→ Raise taxes on tobacco

A pack of cigarettes in the Russian Federation costs 67.00 RUB¹ (US\$ 1.88), of which 47.63% is tax (15.25% is value-added tax and 32.38% excise taxes) (4).

¹ The currency code is according to International Organization for Standardization, ISO 4217 currency names and code elements.

About the SimSmoke model

The abridged version of the SimSmoke tobacco control model, developed by David Levy of Georgetown University, United States of America, projects the reduction in smoking prevalence and smoking-attributable deaths as a result of implementing tobacco control policies (individually and in combination) (3). Specifically, the model projects the effects from:

- protecting from second-hand smoke through stronger smoke-free laws
- offering greater access to smoking-cessation services
- placing warnings on tobacco packages and other media/educational programmes
- enforcing bans on advertising, promotion and sponsorship
- raising cigarette prices through higher cigarette taxes (6).

Data on smoking prevalence among adults for the SimSmoke model were taken from the most recent nationally representative survey covering a wide age range; data on tobacco control policies were taken from the 2015 WHO report on the global tobacco epidemic (4).

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