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5063130

E88757

Original: English



Interpersonal Violence and Alcohol in the Russian Federation

Policy Briefing



GLOBAL CAMPAIGN FOR VIOLENCE PREVENTION
CAMPAGNE MONDIALE POUR LA PREVENTION DE LA VIOLENCE
VIOLENCE PREVENTION ALLIANCE / ALLIANCE POUR LA PREVENTION DE LA VIOLENCE

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Interpersonal Violence and Alcohol in the Russian Federation

Policy briefing

**Violence and Injury Prevention Programme
WHO Regional Office for Europe**



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ABSTRACT

Violent crime and alcohol consumption have increased considerably in the Russian Federation since the late 1980s with harmful health and social consequences for individuals, their families and friends and communities. Heavy alcohol consumption is closely associated with violent behaviour within the Russian Federation and internationally. The relationship between alcohol consumption and violent behaviour is complex, involving physiological, psychological, situational, social and cultural factors. Measures to control alcohol production and reduce consumption have reduced violent behaviour in the Russian Federation and elsewhere. However, round-the-clock sales, easy access to alcohol for minors and fierce economic competition between alcohol companies resulting in aggressive marketing techniques still need to be addressed in the Russian Federation. The multifaceted nature of alcohol-related violence highlights the need for a public health partnership involving health, social, education and criminal justice agencies. The Russian Federation is working closely with WHO to develop a public health approach to preventing violence.

Keywords

INTERPERSONAL RELATIONS
ALCOHOL DRINKING
VIOLENCE - prevention and control
WOUNDS AND INJURIES - prevention and control
SPOUSE ABUSE
CHILD ABUSE
ADOLESCENT
DOMESTIC VIOLENCE
SEX OFFENSES
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RUSSIAN FEDERATION
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EUR/06/5063130

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This publication was prepared with the support of the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, WHO Collaborating Centre on Health Systems Development

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1. Introduction

The Russian Federation has a population of 143.8 million and accounts for 16% of the population of the WHO European Region (1). High levels of alcohol consumption and violent crime are major public health concerns in the Russian Federation. Both have harmful health and social consequences for individuals, their families and friends and the communities in which they live. A growing body of research, within the Russian Federation and internationally, suggests that heavy alcohol consumption is closely related to violent behaviour (2,3). This briefing outlines the extent of alcohol consumption and violence in the Russian Federation, the evidence for links between heavy drinking and violent behaviour and the potential role of public health in preventing alcohol-related violence. It uses the European Union (EU) countries as a reference group for comparison with the Russian Federation due to the good availability of data and the geographical proximity.

2. Alcohol consumption in the Russian Federation

High rates of alcohol consumption have long been documented in the Russian Federation (4). However, major social, political and economic changes throughout the 1990s (following the dissolution of the USSR) caused considerable increases in the use of alcohol (5) and in alcohol-related deaths (6). The situation was most marked in the regions that experienced the most rapid pace of transition, in which the people with the least support and resilience (such as unmarried men with low levels of education) experienced increasing social stress. This took place against a background of increased availability and a declining relative cost of alcohol products (7,8).

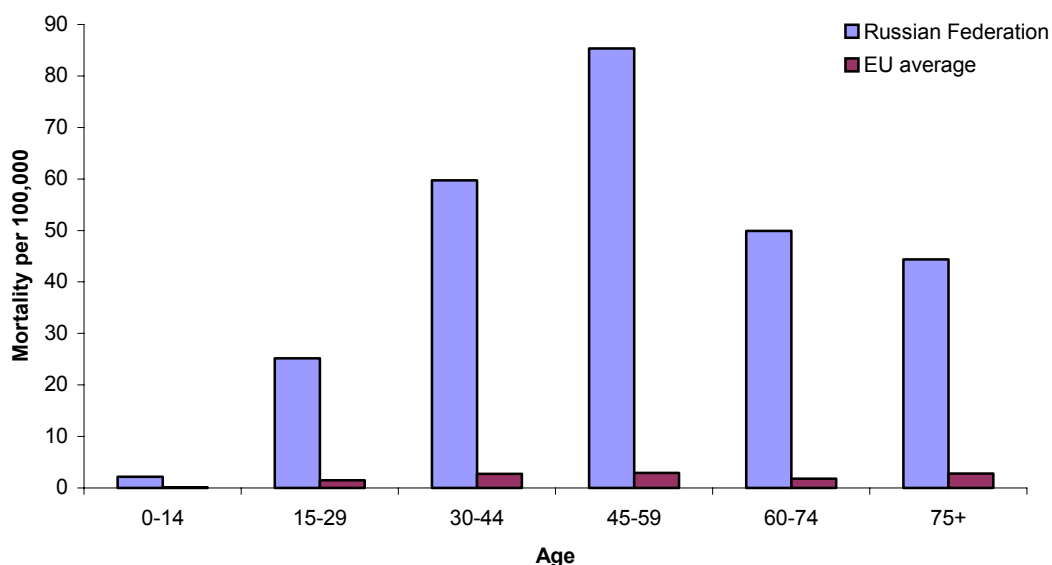
Today, the Russian Federation has one of the most hazardous drinking patterns in Europe (9). Although estimated consumption levels vary considerably between regions (10), for the country as a whole the recorded alcohol consumption per resident aged 15 years or older is 10.54 litres per year (1). The median recorded alcohol consumption across countries in the WHO European Region is 9.56 litres per year, ranging from 0.48 in Tajikistan to 18.00 in Luxembourg (1). In addition, mortality rates from unintentional poisoning due to alcohol and other substances are far higher in the Russian Federation than in EU countries (Fig. 1).

Men display more hazardous drinking patterns than women, characterized by frequent drinking (11) and binge or heavy drinking in each session (10,12), although young women are increasingly drinking in hazardous ways (13). Both the frequency and volume of alcohol consumption decline with age, with men 18–54 years old and women aged 18–35 years old drinking greater quantities and more frequently (10). The most common type of beverage consumed is distilled spirits in the form of vodka (5). Although most alcohol consumed is commercially produced, consumption of home-produced spirits (such as samogon) is common, and the use of alcohol not legally sold for consumption (surrogates such as medicinal compounds and aftershave) has also been reported (14). However, underreporting probably distorts the situation and understates the actual alcohol consumption.

Since the mid-1990s, changes in cultural drinking habits in the Russian Federation have resulted in significant growth in beer production and consumption (15,16), partly due to increased international trade and homogeneity of drinking behaviour (17). Beer is particularly popular among the younger generations, for whom its lower alcohol content and cost has resulted in it being viewed more as a soft drink than an alcoholic beverage (16). In part, as a result, the

proportion of children in the Russian Federation who have been drunk at age 13 years or younger is increasing (from 33% in 1999 to 37% in 2003) and is currently among the highest in Europe (13).

Fig. 1. Age-specific mortality from accidental poisoning due to alcohol and other substances in 2004 in the Russian Federation and in the 25 countries comprising the EU after May 2004

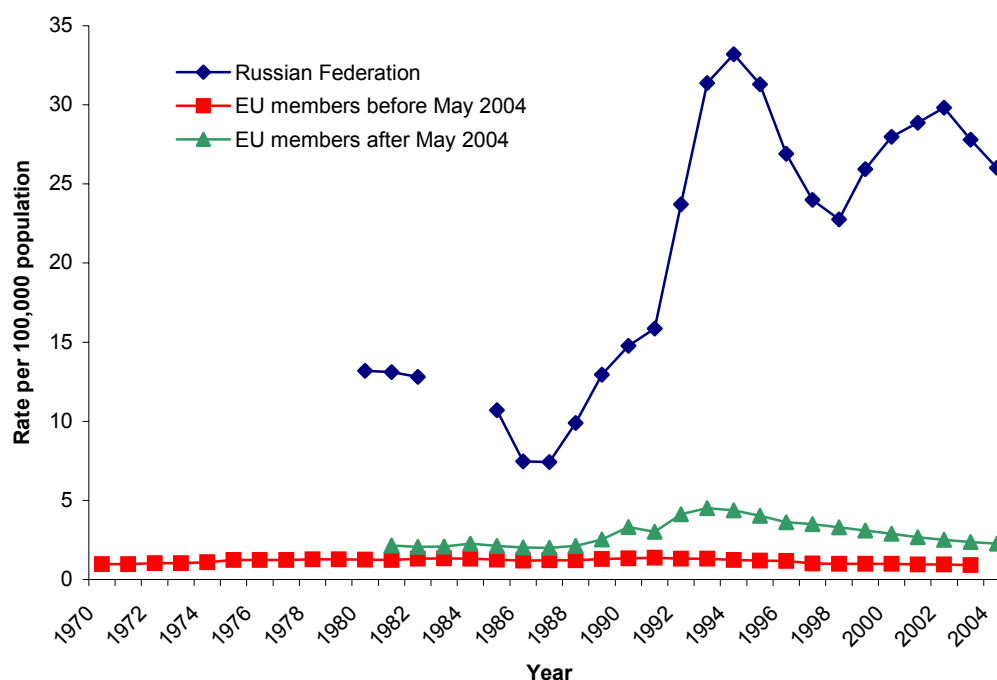


Source: WHO European mortality database (18).

3. Interpersonal violence in the Russian Federation

Violence can include physical and sexual assault, emotional and mental abuse, or neglect. It can be categorized into: interpersonal violence, including youth violence, gang violence (committed by young people), child maltreatment (violence or neglect towards a child by parents or caregivers), intimate partner violence (occurring within an intimate relationship), sexual violence (including sexual assault or unwanted sexual attention), elder abuse (mistreatment or neglect of older people by family or caregivers) and self-directed violence (self-abuse and suicide). Although violence often occurs in personal and social settings, it can also be a major issue within state institutions such as the military, police, orphanages and youth detention centres.

Violent crime has increased considerably in the Russian Federation since the late 1980s (19) (Fig. 2). In 2002, the mortality rate from homicide was about 30 per 100 000 population, twice the level recorded in 1990 (14.25 per 100 000 population (18)). This rate was one of the highest in the world (20) and about 25 times higher than the average for the 25 countries that have been EU members since May 2004 (1.19 per 100 000 population (18)). Further, in the same year, about 1.46 million years of life were lost in the Russian Federation through interpersonal violence and a further 1.30 million lost through suicide (based on disability-adjusted life years (21)). Table 1 shows the officially recorded incidence of specific types of violence in the country in 2001–2002.

Fig. 2. Homicide and intentional injury per 100 000 population in the Russian Federation and the EU countries, 1970–2005

Source: European health for all database (1).

Table 1. Official statistics on violence in the Russian Federation, 2001–2002

Type of violence	Extent of violence in 2001–2002
Youth violence	More than 10 000 young people (aged 18–29 years) committed murder, and more than 19 000 committed intentional bodily harm of a serious nature (2002).
Child maltreatment	About 3300 children and adolescents died from violent crimes and 3900 suffered severe nonfatal damage to their health (2002).
Elder abuse	Little information is available on abuse of elderly people. However, suicide can be indicative of neglect and abuse, and reported rates were 46.0 per 100 000 for those aged 65–74 years and 40.3 per 100 000 for those 75 and older (2001).
Sexual violence	There were 5600 rapes and 3200 cases of sexual harassment recorded against women (2002).
Intimate partner violence	About 127 000 domestic crimes were recorded, which included 10 300 murders or attempted murders and 16 800 incidents of intentional harm of a serious nature (2002).
Self-directed violence	More than 55 000 people (all ages) died from suicide (2002).

Source: Veltishchev (22).

Most information on violence in the Russian Federation is obtained from the criminal justice system (19). However, current legislation, a generally low awareness of violence, social tolerance of violent behaviour and incomplete or inaccurate recording (23) lead to poor reporting of incidents (particularly for family violence (24)), with the consequence that official statistics

only record a small percentage of violence. As such, figures greatly underestimate the actual amount of violence occurring within the country. However, existing intelligence already identifies spatial and demographic variation in violence across the Russian Federation. Thus, rates of homicide increase across the country from west to east (25). Further, males suffer disproportionately high rates of homicide (50.1 per 100 000 for males versus 13.2 per 100 000 for females in 2002 (18)), with rates peaking among those 30–44 years old (20). However, rates are more evenly spread across age groups in the Russian Federation than in other countries with high levels of homicide, in which the highest rates are often concentrated in younger age groups (19).

4. Links between alcohol use and violence

Considerable evidence supports links between drinking and violent behaviour. In the Russian Federation, alcohol consumption has been noted to be involved in the perpetration of violence generally as well as in specific types of violence.

- Among individuals arrested for homicide during 1995, about three quarters were under the influence of alcohol (26). In the Udmurt Republic, 66% of homicide offenders had been drinking prior to the incident and 40% were drunk (19).
- In the Central Black-Earth Region, 77% of offenders of violent crime (towards family members) were frequent drinkers; 12% engaged in regular binge drinking (three or four times a month), 30% three times a week or more, and 35% every day or almost every day (27).
- Analysis of homicide deaths among native populations in northern Russia found few differences in weekday rates in western regions in which alcohol sales were not restricted. However, in eastern regions, where alcohol sales were only permitted on Saturdays, homicides increased sharply on Sundays (28).¹
- Among male perpetrators of spousal homicide, 60–75% of offenders had been drinking prior to the incident (31).
- In a survey conducted by the Scientific Research Institute of the Family, 29% of people responding to the question “Why are children beaten in families with which you are acquainted?” reported that the violence was carried out by drunks and alcoholics (32).
- Among young men in the country, the risk of suicide is five times higher for heavy drinkers and nine times higher for alcoholics (22).

Further, the introduction and subsequent termination of a major anti-alcohol campaign in the former Soviet Union provides evidence on the links between alcohol consumption and violent behaviour (33–36). Implementation of the campaign was associated with significant reductions in violence and termination of the campaign with a subsequent increase (Box 1).

¹ The peaks in violent incidents on Sundays result in part from heavy drinking on Saturday night that continues into the early hours of Sunday, with assaults and injuries occurring and subsequently being recorded on Sunday morning (29,30).

5. Mechanisms of association and risk factors

Few studies in the Russian Federation focus on the mechanisms by which alcohol may be related to violent behaviour. International evidence suggests that the relationship is complex, involving a combination of physiological, psychological, situational, social and cultural factors.

Box 1. Effects of an anti-alcohol campaign

The campaign was introduced by President Gorbachev of the USSR in 1985 in response to high levels of consumption of both state-produced and illegal homemade beverages and ended gradually during the following three years. The campaign increased the price of beverages sold by the state and the legal purchasing age of alcohol to 21 years and imposed tougher legal sanctions on home production. During that time, state sales of alcohol decreased by 61% (1984–1987), total violent deaths by 33% (1984 to 1985–1986) and alcohol-related violent deaths by 51% (1984 to 1985–1986). By 1992, after the campaign ended and market reforms for alcohol were introduced that liberalized prices and trade, the rates of violent deaths began to increase dramatically, far exceeding previous levels. Given the additional social and political changes occurring in the Russian Federation over this period (*perestroika*), the increase in violent deaths was unlikely to be due to alcohol alone. However, the temporal relationships between the changes in alcohol regulations and subsequent variation in violence suggest that they are at least closely related (33).

- Alcohol use directly affects physical and cognitive functioning (37). Reduced self-control and ability to process incoming information makes drinkers more likely to resort to violence in situations of confrontation (38) (such as youth violence). Reduced ability to recognize warning signs in potentially violent situations makes drinkers appear to be easy targets to perpetrators (39,40) (such as sexual violence).
- Heavy alcohol use by parents can impair their sense of responsibility towards their children and reduce the amount of time and money available to spend on the children. In such cases children's basic needs can be neglected (41).
- Heavy alcohol use by either a parent or a child increases the child's vulnerability to sexual exploitation. Some children are persuaded to consume alcohol to facilitate acts of a sexual nature or to involve them in pornography and/or prostitution (42).
- Maternal alcohol use during pregnancy can result in the child developing fetal alcohol syndrome or fetal alcohol effects (43). Such conditions are associated with delinquent and sometimes violent behaviour in later life (44).
- Excessive drinking by one partner in an intimate relationship can create dissatisfaction and conflict (such as by exacerbating financial difficulty, child-care problems, infidelity or other family stressors). This can increase the risk of violence occurring between partners (45).
- Individuals with alcohol problems can view vulnerable people (such as older relatives) as easy targets for financial or material coercion to fund their alcohol use and associated costs (46).
- Experiencing or witnessing violence can lead to alcohol consumption as a method of coping or self-medicating (47,48).

Internationally, many factors are important for explaining the links between alcohol and violence and understanding why some individuals and communities may be more susceptible to alcohol-related violence than others (Box 2).

Box 2. Some international risk factors for alcohol-related violence
<i>Individual factors</i> Younger age, such as 15–34 years old (victims) Male (victims and perpetrators) Heavy, frequent drinking (victims and perpetrators) Personality disorders (perpetrators)
<i>Relationship factors</i> Parental use of alcohol (perpetrators) Delinquent friends (perpetrators) Discrepant drinking patterns in intimate relationships (victims and perpetrators)
<i>Community and societal factors</i> Greater concentration of drinking venues Poorly maintained drinking venues Greater consumption per capita Heavy episodic drinking Societal beliefs that alcohol is an excuse for violent behaviour

Source: World Health Organization (2).

In the Russian Federation, the likelihood of abusing a female partner is higher for men who drink more frequently and for those who drink heavily (three or more drinks) on each drinking occasion (49). Similarly, the relationship between alcohol and suicide is stronger among those who drink more frequently and to deeper levels of intoxication (50). Factors such as the day of the week, the drinking setting and social control over drinking behaviour can also influence rates of violent behaviour. For instance, the number of deaths from both alcohol and homicide are highest at the weekend (30). The presence of door staff, bar managers and police officers can help prevent arguments from escalating in public drinking venues. However in the Russian Federation, drinking in private homes or semiprivate settings with friends and family is common, with these settings offering little professional control over alcohol consumption and violent behaviour. This may reduce the scope for preventing violence from occurring in such settings (30).

Social and cultural factors also play an important role in alcohol-related violence. The Russian Federation in particular has a high social tolerance for both violence and heavy drinking, including the intake of alcohol within work settings. Hazardous patterns of consumption such as regular binge-drinking are common among the population (see Section 2). This, coupled with a preference for vodka over other types of beverage, may lead to quicker and deeper levels of intoxication, increasing the propensity for alcohol-related violence (3). Similar problems can occur with the consumption of home-produced and surrogate sources of alcohol with high ethanol concentrations (14). Evidence from other countries of the former USSR also highlights the importance of beverage type. In Belarus, the association between alcohol consumption per capita and the rate of violent mortality has been found to be stronger for spirits than for other beverages (51). In Belarus, a 10% increase in the consumption of spirits per capita would result in an estimated 11.4% increase in the homicide rate (50).

6. Effects

The effects of violence are far reaching, affecting not only the people who are abused but also families, friends and the communities in which they live. The physical effects of violence can be severe and even fatal (see Section 3). Wider effects can include mental harm such as depression, mental disorders and suicide ideation (52), and international research highlights increased behavioural problems such as harmful alcohol and drug use, often as a method of coping with violent experiences (2,47,48,53). Abused children are at increased risk of becoming violent offenders later in life (54) and of abusing alcohol as adults (53). This contributes to a cycle of alcohol abuse and violence passed from one generation to the next.

In addition to individual consequences of violence, relatives of the people abused and members of their community are often affected. For instance, children who witness violence between parents are more likely to suffer mental distress and poor mental health (55), which can lead to suicide (56). Behavioural problems such as alcohol and drug use (57) and violent behaviour are common among people exposed to violence in childhood. About 85% of the perpetrators of intimate partner violence in the Russian Federation witnessed violence between their parents as a child (55). Further, domestic violence and alcoholism among parents are frequent causes of homelessness among children in the Russian Federation (56).

The effects of violence can also extend to the community, affecting neighbourhood cohesion, increasing fear among the population and reducing the potential for economic development (58). The costs of alcohol-related violence in the Russian Federation have not yet been estimated. The costs of treating external causes (combining injuries, accidents, poisoning and burns) rank third (after circulatory and respiratory diseases) in estimates of health care expenditure in the Russian Federation, with annual treatment costs (excluding emergency care and medication purchased for home treatment) of Rub 36.5 billion, or 0.27% of the gross domestic product (58). However, the costs of alcohol-related violence extend far beyond health services and include additional costs in judicial and social services, those caused through work and school absenteeism as well as the emotional and mental costs to victims. Further, the costs in both health and judicial services divert resources from other important societal needs.

7. Prevention

Along with measures designed to reduce violence in general (Box 3), interventions aimed at lowering the hazardous use of alcohol in the population can have additional effects on the levels of violent behaviour (Box 4). In the Russian Federation, such measures should also address the consumption of surrogate alcohol, and interventions could include alternatives for alcohol-containing products (such as substituting paraffin wax blocks for alcohol-containing fire-lighters), the

Box 3. Interventions effective internationally in reducing violence

- Increasing access to prenatal and postnatal services
- Home visiting programmes to improve family functioning
- Parenting programmes
- Programmes for treating the victims of child abuse
- Social development training for children and adolescents
- Training health staff in identifying and referring victims
- Strategies for reducing the use of alcohol and illegal drugs
- Disrupting illegal gun markets
- Improving police and judicial systems
- Deconcentrating poverty and reducing inequality

Source: Krug et al. (20).

addition of substances to aftershave to prevent consumption and high levels of taxation (14). Measures to control alcohol production and reduce consumption levels in the Russian Federation have already been shown to play an important role in reducing violent behaviour (Box 1). Recent moves to control alcohol advertising include prohibiting beer commercials on television before 2200 each day and banning breweries from using characters such as animals or cartoons to advertise their products. However, other important issues still need to be addressed, including round-the-clock sales in many areas, easy access to alcohol for minors and fierce economic competition between alcohol companies resulting in aggressive marketing techniques. Further, many interventions designed to tackle rising levels of alcohol use in the Russian Federation are challenging to implement. For instance, a bill proposed in 2004 to ban the consumption of beer in public places and to outlaw sales to children (younger than 18 years) failed to pass as it was deemed too severe (60).

However, interventions to reduce access to alcohol have proved effective, both in the Russian Federation (Box 1) and elsewhere (Box 4). Addressing accessibility, such as limiting sales to minors and enforcing closing times of alcohol outlets, higher taxation, along with advertising restrictions, could be effective in helping to prevent violence, also in the Russian Federation (30). Such interventions should form part of a suite of measures that also aim to reduce alcohol consumption, in particular among heavy drinkers, such as brief motivational interventions to reduce consumption (61). This would include modifying and regulating drinking settings and identifying and supporting victims through appropriately integrated services.

Box 4. Interventions effective in reducing alcohol-related violence in Europe

- Increasing alcohol prices, such as by increasing taxation
- Regulating alcohol sales, such as by imposing complete or partial bans in problematic areas or during certain periods (football matches)
- Reducing access to alcohol by young people, such as by enforcing age-of-purchase legislation
- Brief interventions for harmful drinking, such as within emergency departments and prenatal services
- Modifying drinking settings to reduce levels of aggression, such as by improving management practice or conducting server-training programmes

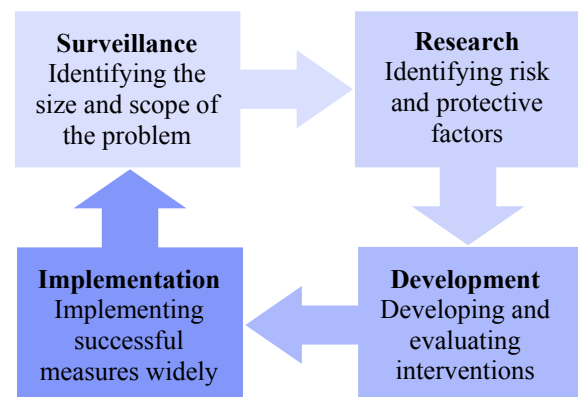
Source: WHO Regional Office for Europe (3).

8. A public health approach to preventing alcohol-related violence

A public health approach to understanding and preventing alcohol-related violence (Fig. 3) uses data and research: to examine the scope of the problem; to identify the risks and causes of alcohol-related violence; to develop and evaluate prevention interventions; and to disseminate effective practices (62–64). The cost-effectiveness of prevention measures as well as the current and potential capacity for their implementation (including that outside of health and criminal justice agencies) are important considerations in choosing interventions.

The multifaceted nature of alcohol-related violence highlights the need for a partnership approach to prevention that involves health, social, education and criminal justice agencies. Close links between services can provide a more complete picture of the relationship between alcohol and violence, including identifying cycles of abuse, ensuring effective monitoring of violence and alcohol consumption and allowing implementation of interventions to reduce alcohol-related violence that engages all aspects of communities.

Fig. 3. The public health approach



Public health has a central role to play in the prevention of violence, including addressing its relationship with alcohol use. Key public health measures to undertake include:

- identifying further knowledge on violence (such as the extent, type and characteristics, including high-risk groups, places and times) and its relationship with alcohol by enhancing the systematic collection of data, such as in the surveillance of injuries by hospital emergency departments;
- collating and disseminating information on the prevalence of violence, alcohol consumption levels and drinking patterns in the population;
- promoting, conducting and evaluating research on the links between alcohol consumption and violence, both by victims and perpetrators, that improves understanding of risk and protective factors;
- supporting efforts to achieve a paradigm shift in societal attitudes and tolerance towards violence and alcohol consumption;
- increasing awareness and routine enquiry regarding violence in services, such as primary health care settings and social services, that address alcohol use and vice versa;
- measuring and disseminating the health, social and wider economic costs associated with alcohol-related violence;
- evaluating and promoting effective and cost-effective prevention strategies for reducing alcohol-related violence;
- supporting health promotion programmes targeting children and adolescents and their families and schools to increase general awareness about healthy lifestyles and to decrease risk behaviour leading to violence and alcohol misuse;

- promoting multiagency partnerships to tackle violence by raising awareness of the links between alcohol consumption and violent behaviour; and
- advocating changes in policy and law to protect the victims of violence and to reduce hazardous drinking.

In the Russian Federation, current levels of alcohol use, violence and the destructive interactions between the two require urgent investment in all these measures. Most violence (alcohol-related or otherwise) remains unreported, and better routine monitoring and intelligence is a prerequisite for developing appropriate responses. Although some international intelligence is available on the risk factors and protective factors for alcohol-related violence, little is known specifically about whether they apply in the Russian Federation, although research in the area is beginning to develop. Consequently, a systematic research programme is required that includes original research studies and the evaluation of new and existing interventions. Such research should inform further investment in the primary and secondary prevention of alcohol-related violence. It should also aim to improve access to and the effectiveness of both alcohol- and violence-related services and catalyse working between the two and with other public sector bodies, especially in the judicial system. In the Russian Federation, as elsewhere, such actions require leadership that encourages and enables multiagency working at all levels from national to local. Further, reducing hazardous drinking, improving awareness of violence (including its relationship with alcohol) and dismantling cultural attitudes that view both heavy drinking and violent behaviour as acceptable need to be political imperatives driven by an appreciation of both the health and economic benefits that will result from success.

9. WHO and the prevention of alcohol-related harm and violence

World Health Assembly resolution WHA58.26 (65), adopted in 2005, recognizes the harms associated with alcohol and requests WHO Member States to develop, implement and evaluate effective strategies for reducing such harms, while calling on WHO to strengthen international collaboration on alcohol. WHO has developed programmes to respond to both alcohol-related harm and violence. For alcohol-related harm, this includes, among other things, collating and disseminating scientific information on alcohol consumption, supporting countries in increasing the national capacity for monitoring alcohol consumption and related harm and promoting the early identification and management of hazardous alcohol use in primary health care (64).

The WHO Regional Office for Europe has played a substantial role over the past 20 years as a catalyst and facilitator of policy formulation and of health and welfare advocacy on alcohol-related issues in Member States. The WHO Regional Committee for Europe has endorsed two consecutive regional action plans (1992–1999 and 2000–2005). Two WHO ministerial conferences on alcohol, the European Conference on Health, Society and Alcohol (Paris, 1995) and the WHO European Ministerial Conference on Young People and Alcohol (Stockholm, 2001), have resulted in the European Charter for Alcohol and the Declaration on Young People and Alcohol. In 2005, the WHO Regional Committee for Europe endorsed resolution EUR/RC55/R1 on the framework for alcohol policy in the WHO European Region. This new framework for alcohol policy has been developed to assure a timely response to the situation (66). It creates an overarching umbrella for existing international instruments and documents, addresses recent developments, new challenges and gives guidance on evidence-based policies to combat, among other things, alcohol-related violence.

On violence prevention, World Health Assembly resolution WHA56.24 (67), adopted in 2003, encourages Member States to implement the recommendations set out in the WHO *World report on violence and health* (20). In the European Region, the WHO Regional Committee for Europe has adopted resolution EUR/RC55/R9 on the prevention of injuries, including violence. These resolutions reflect and reinforce international consensus and commitment and provide a policy platform to promote national action using a public health approach to preventing violence. In 2004, the WHO Regional Office for Europe established a programme dedicated to the prevention of violence and injury. The programme supports Member States in the European Region by providing them with intelligence on the burden of violence and injuries, by enhancing knowledge about effective prevention strategies and by supporting the strengthening of capacity to prevent violence and increasing networking and partnership for the exchange of information.

The Russian Federation is working closely with WHO internationally and within Europe to develop a public health approach to preventing violence. The launch of the *World Report on violence and health* in 2003 in the Russian Federation initiated a series of steps, including the drafting of a report on violence and health in 2004 (22) and the organization of a technical expert meeting on violence and health in 2005. The recommendations made at this meeting indicate the need for a strengthened government response to the huge public health challenges and mortality crises due to violence and alcohol. The recommendations include the creation of a government target programme, the formation of an expert task force on violence and health and the strengthening of the capacity of the health sector to support the prevention and management of violence. To follow up on these recommendations, the Ministry of Health and Social Development of the Russian Federation and the WHO Regional Office for Europe have agreed to strengthen the public health approach to preventing violence in the framework of their collaboration. This policy briefing – as well as its companion policy briefing on *Interpersonal violence and health in the Russian Federation* (68) – is a contribution to setting the public health agenda and guiding policy and programmatic action.

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