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HEALTHY LIFESTYLES IN RUSSIA: OLD ISSUES AND NEW POLICIES⁴

Individuals' lifestyles strongly affect health outcomes and thus are a subject for public regulations in all developed countries. In this paper we discuss how different policy measures change individual behaviour with respect to consuming alcohol, tobacco products, and healthy food and participating in sports activities. We start by presenting data on health-related behaviours in Russia compared to other countries and show that the majority of Russians do not pay enough attention to their health and underestimate the risks of unhealthy behaviour. We analyse the public policy response to the increasing number of people with unhealthy habits to prove that drawbacks in legal acts and in public procurement increase the prevalence of bad habits. We therefore propose different policy instruments to improve the current situation and analyse the possible impacts and costs of suggested measures.

Key words: healthy lifestyle, public policy, alcohol abuse, smoking, obesity.

JEL Classification: I18, J18.

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Introduction

Public health, increased life expectancy, and mortality reduction have historically been a significant focus of social policy. Substantial financial resources for these purposes were allocated in Russia recently, including the National Project "Health". Progress has been made in reducing overall mortality and maternal and child mortality rates, while life expectancy has gradually increased. A more detailed analysis shows striking regional variations in health indicators. For instance, life expectancy in Moscow, with its residents' high household incomes, is comparable to life expectancy in developed Western states. The North Caucasus region demonstrates the same pattern although the region is rather poor – the highest life expectancy in Russia, 78 years, can be observed in Ingushetia. At the same time, the Far East regions tail off with an average life expectancy of 63-65 years. The infant mortality rate in rural areas is 1.25 higher than in cities. However, the majority of average health indicators (infant mortality, maternal mortality, life expectancy) in Russia still lags far behind both the developed European countries and many of Russia's Eastern European neighbours (figures 1, 2).

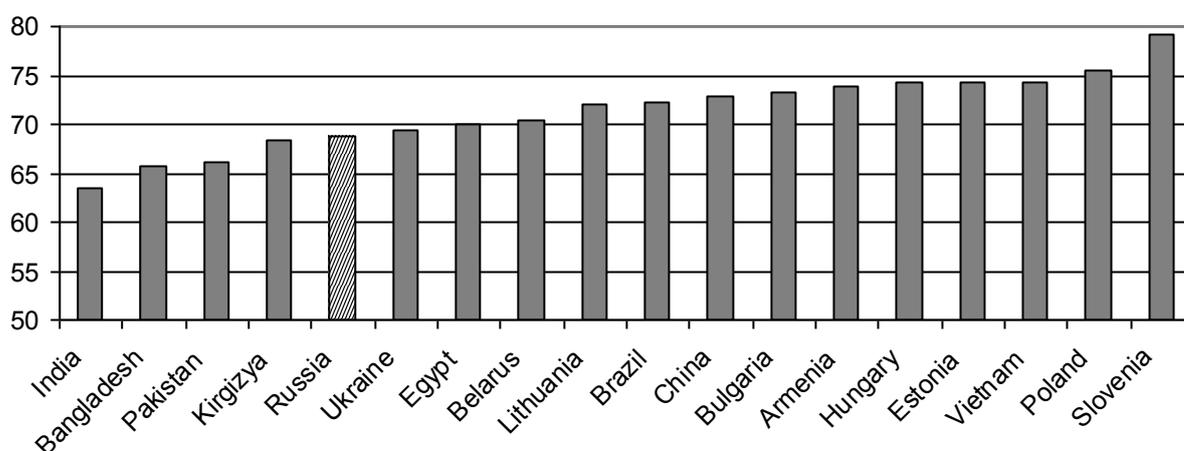


Fig. 1. Life expectancy at birth, years, 2007-2009

Source: WHO, Global Health Observatory Data Repository; Russian Statistical Agency

Meanwhile, individual health depends on many factors, with the status of the healthcare system as a relatively minor contributor. This includes genetic predisposition to certain diseases, the environment, and numerous lifestyle factors. According to World Health Organization (WHO) experts, the joint contributions of medical care and hereditary factors are responsible for 30% of one's health, whereas 50% is the result of lifestyle factors and 20% is the result of environmental influences. Most developed countries have recognized that it is cheaper to prevent disease than to cure it. Unlike expensive investments in health care facilities, maintaining a

healthy lifestyle does not require costly resources but does provide a significant positive effect, especially in the long run. That is particularly important for Russia with its high mortality rates for relatively young working-age males. Alcohol consumption and tobacco smoking were recognized as main determinants of adult extra-mortality, thus revealing the “behavioural nature” of Russian short longevity (Denisova, 2010).

The concept of a healthy lifestyle (HLS) is defined differently depending on the specific field of science and research objectives. We may distinguish between "narrow" and "extended" (sociological) interpretation. The first includes a set of individual practices, norms and individual behaviours that lead to an improvement or deterioration in health (health risk). These traditionally include alcohol consumption, smoking, physical activity and food diets and sometimes include safe sex, drug use and other individual behavioural norms. In contrast to the narrow interpretation, the extended HLS involves a broader social context: living and working conditions, environmental conditions, etc. In such a context, a healthy or unhealthy lifestyle is a choice of both the individual and society as a whole.

Using economic theory instruments, one could analyse human behaviour as a result of supply and demand interrelation that takes place in all areas of human life. Certainly the supply side could impact ultimate result significantly. Here we purposely set aside the strong lobbyism of companies producing alcohol and tobacco and concentrate our attention on human behaviour and the demand side. From this perspective, the choice of the individual is, in essence, the choice of the consumer, but the consumer’s lifestyle takes shape as a result of choices between a large number of goods, including alcohol, tobacco, alimentary products, sports, leisure and recreation. Many of the factors that lead to this choice are themselves the result of market interactions. Moreover, individual demand is based on person’s utility function and budget constraints that depend on relative prices of goods. Thus, the alternative costs of choice are always important for the consumer.

However, there are a number of obstacles for effective market interrelations in the sphere of healthy behaviour, so that maximization of individual and society well-being cannot be achieved automatically. One could name insufficient and asymmetric information, externalities and consumer’s irrationality. Therefore, there are strong arguments for governmental intervention to eliminate market failures leading to welfare losses (Sassi and Hurst, 2008).

State actions aimed at the change of consumer choice may focus on individuals’ preferences or budget constraints, taking different forms: educational programs and public campaigns, establishing certain rules of behaviour (bans on smoking and drinking in public places or on advertisement and sponsorship), taxation and allowances etc.

The measuring scale for each of the methods of state intervention is the increase in the welfare of the whole society and each of its members. Any method chosen by the state will be effective only to the extent that it finds public support.

The aim of this paper is to analyse current public policies affecting individuals' lifestyle choices and to suggest measures that improve upon existing drawbacks of these policies. The paper is structured as follows. The first part describes the main economic problems attributed to unhealthy lifestyles in Russia, focusing attention on tobacco and alcohol abuse as well as on food diets and physical activity. Then (part 2) we go to public policy analysis, regarding 3 main dimensions: economic measures, administrative instruments and informing/consultations. Finally (part 3) we justify active public interventions changing individual choice toward health-responsible behaviour using the same dimensions as in part 2.

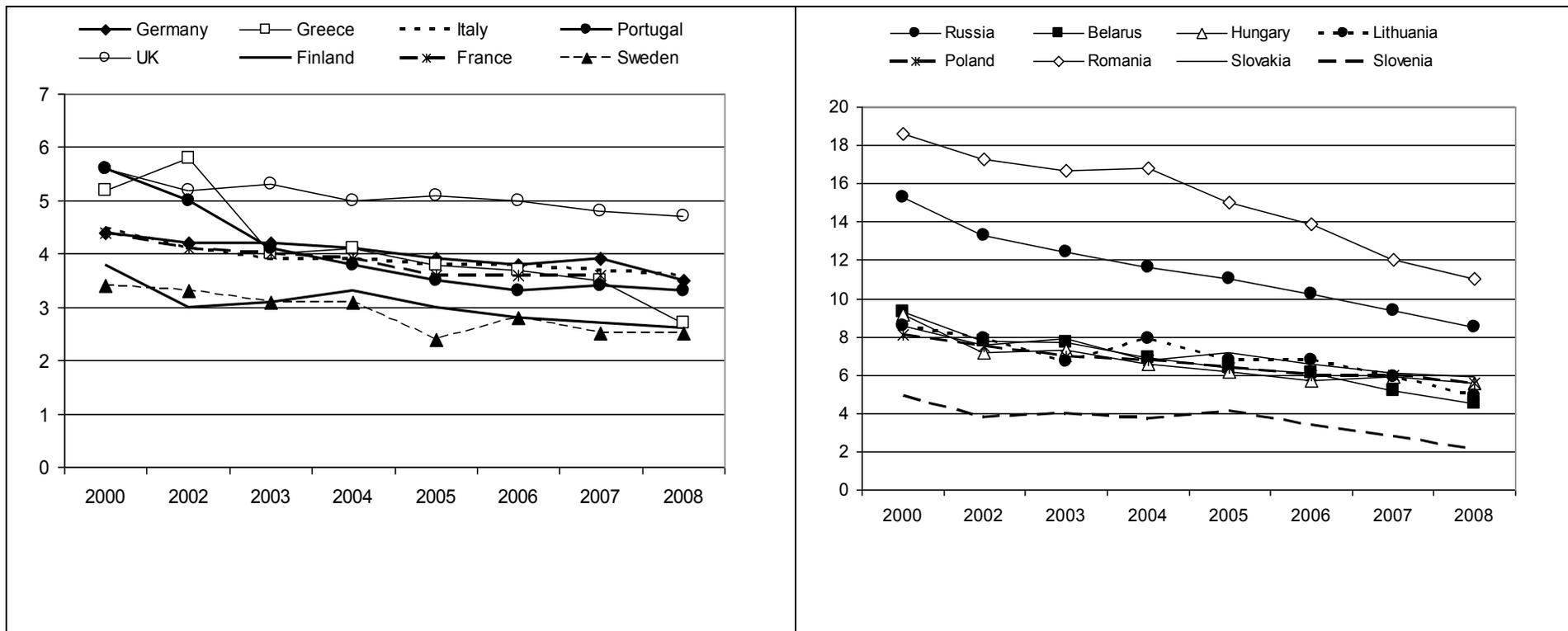


Fig. 2. Neonatal mortality - Deaths /1 000 live births, 2000-2008.
Sources: OECD Health Data, Russian Statistical Age

1. Economic characteristics of health-related behaviour of the Russian population

The main national healthcare indicators put Russia behind most developed and many developing countries, including several former USSR republics. A number of researchers prove that unhealthy lifestyles together with other factors significantly affects morbidity and mortality rates in Russia (Denisova, 2010; Khalturina, Korotaev, 2008 etc.). Here we will try to study these factors, using evidence from our own research and other sources.

1.1 Time-preferences and imperfect information on healthy lifestyle

As previously mentioned, one of the market failures impeding optimal healthy behaviour is imperfect information. In addition, a number of studies prove that even under an assumption of perfect information, individuals may not behave rationally due to the inconsistency of their time-preferences (Gruber J., 2000; Gruber J., Koszegi B. 2008). Both phenomena are easily observed in Russia. For example, a survey conducted by Russian Academy for Public Service in 2009 among adults shows that 53% of respondents consider their own lifestyles healthy. Health itself was named as one of the three most important life values (after family and children). In fact, only 17% of respondents exercise regularly, only 31% follow a dietary regime, 40.3% are smokers, and 90.2% are alcohol consumers (including 10% of respondents who consume alcohol on a regular basis) (Boykov, 2010).

Another survey of health attitudes was undertaken by the Levada Centre in February of 2011. According to its results, 56% of adults believe that they take care of their own health properly. At the same time, only 38% undertake medical check-ups regularly and 31% are sick often or permanently.

A study conducted by the Higher School of Economics and Samara State Medical University in 2010 was concentrated on the problems of youth⁵. The survey's respondents were students 18 to 35 years old, the great majority of whom were about 20 to 24 years old. They represent 4 universities in 3 large Russian cities, one of which was a medical university. Two-thirds of the respondents believed that they have a healthy lifestyle, while one-third believed that their lifestyle is rather unhealthy. It is important to note that the views of students about healthy lifestyles differ from their actual behaviour. Thus, among those who determined their lifestyle as healthy, only 16% were engaged in regular physical exercises and sport at least once per week,

⁵ Students' survey conducted by HSE and Samara State Medical University in September-October 2010: 4 universities, 3 large Russian cities – Moscow, Perm, Samara, 914 respondents.

16% smoked, and 9% consumed alcohol in large quantities. Also, students can't estimate their diet habits adequately: among those who believe they have a healthy lifestyle, 56% have errors in their diet.

Many respondents who do have bad habits are deluded into believing that they are healthy. Thus, 56% men and 51% of women who abuse alcohol believed that they have a healthy lifestyle. Moreover, almost all of them responded positively to the question "Do you think your efforts to preserve your health are sufficient?" A similar situation exists with regard to other features. Among male smokers, 43% believed their lifestyle to be healthy, and among female smokers the figure was 40%. All of the smokers described efforts to preserve their health as sufficient. Among the students who showed signs of malnutrition, 60% were convinced that their lifestyles were healthy. Students are better informed about the role of physical activity: of those who do not play sports or do so very irregularly, 78% of men and 70% of women knew that their efforts to preserve their own health were not sufficient (Kolosnitsyna, Zasimova 2011).

More distinct differences were found in international studies of smoking youth. The data for Russia for 2008 shows that future doctors are almost 1.5 times more likely to smoke than students studying other disciplines. This ratio can also be seen in a cohort of adults: smoking among medical workers is higher than among other professionals (44% among dentists, 43% among pharmacists, and 39% among other doctors, while the overall smoking prevalence for adult Russians is approximately 35%). Thus, education (even health education) does not always alter the behaviour of smokers (CDC Foundation, 2009).

The time-inconsistency problem is especially important for young abusers, as most of them believe they will drink or smoke less in future. The Burns study on smoking (Burns, 1992) showed that 56% of smoking teenagers believed they would quit smoking during the next five years, however only 31% actually did it. Our student survey revealed that 76% of smoking students intend to quit within five years, however according to GATS (2009) findings only 11.2% of those who tried to quit were successful in doing so (Kolosnitsyna, Zasimova, 2011).

1.2 Alcohol consumption

Traditionally the rate of alcohol consumption in Russia is very high – Rosstat (RF Federal Statistic Agency) reports annual consumption of alcohol in 2010 to be nearly 10.7 litres of pure spirits per person (aged 15+)⁶. However, the official estimate is probably too low, as it underestimates the consumption of illegally produced spirits and overestimates the size of the alcohol-consuming population by including teenagers under legal drinking age and people in the Muslim Caucasus region, where drinking alcohol is culturally and socially discouraged. Hence

⁶ Rosstat www.gks.ru

many experts (including Gennady Onishchenko⁷, the head of Rosпотребнадзор - Federal Service on Customer's Right Protection) point out that the true level of alcohol consumption in Russia is roughly 16 litres per person per year, about twice as much as the level of dangerous consumption set by WHO (8 litres per year).

Excessive drinking in Russia is not limited to the poor: 34% of Russians admitting to frequent drinking and 42% admitting to binge drinking came from the highest one-third in income (Treisman, 2008).

An important pattern of drinking in Russia is widespread drinking in public places, including parks and yards, offices etc. One reason is that drinking in bars and restaurants is much more expensive than outside, and another is Russia's tolerant attitude to drinking in public places. Our estimates based both on RLMS⁸ data and data from the survey on students show that drinking in parks and yards is associated with higher levels of alcohol consumed compared to other places (at home, in restaurants and bars, etc). Young adults consume 300 grams of alcohol more (per month, in pure spirits) when they drink outside.

During the 1990s, Russia saw a significant drop in the average onset of drinking from nearly 16 years to 13 years (The Public Chamber of Russian Federation, 2009b).

Heavy episodic drinking is another important pattern of drinking. The WHO reports the percentage of heavy episodic drinkers among young adults aged 18-24 to be 6.9% for men and 4.6% for women (WHO, 2004). Our own estimates based on the RLMS survey data show even higher rates of alcohol abusers among young Russians 16-23 years old, resulting in pessimistic life expectancy forecasts. (Table 1).

Table 1. The rate of alcohol abusers in different demographic groups, 2009

	Alcohol abusers as a % of all individuals consuming alcohol in particular group	Alcohol abusers as % of all respondents in particular group
Men 24+ years	23%	18%
Young men 16-23 years	22%	13%
Women 24+ years	6%	5%
Young women 16-23 years	14.6%	7%
<i>Source: RLMS, 2009</i>		

⁷ Gennady Onishchenko estimates annual per capita alcohol consumption to be 18 liters // "On Russians' health protection" published in Rossiskaya gazeta 14.01.2009 and at <http://37.rospotrebnadzor.ru/document/535/>

⁸ RLMS- The Russia Longitudinal Monitoring Survey <http://www.cpc.unc.edu/projects/rlms-hse>

Excessive drinking is aggravated by the preference for hard liquor (54.8% of total sales⁹) and the increasing consumption of beer. While in countries with traditional high level of beer consumption (UK, Denmark, Germany, the Netherlands, and Czech Republic) wine tends to substitute for beer, Russia has seen a significant increase in beer sales from 8.6% of the market share in 1995 to 32.3% in 2008. However, we do not observe a comparable decrease in sales of strong spirits. On the contrary, Russia's high overall consumption level includes both high beer and high spirits consumption (figure 3).

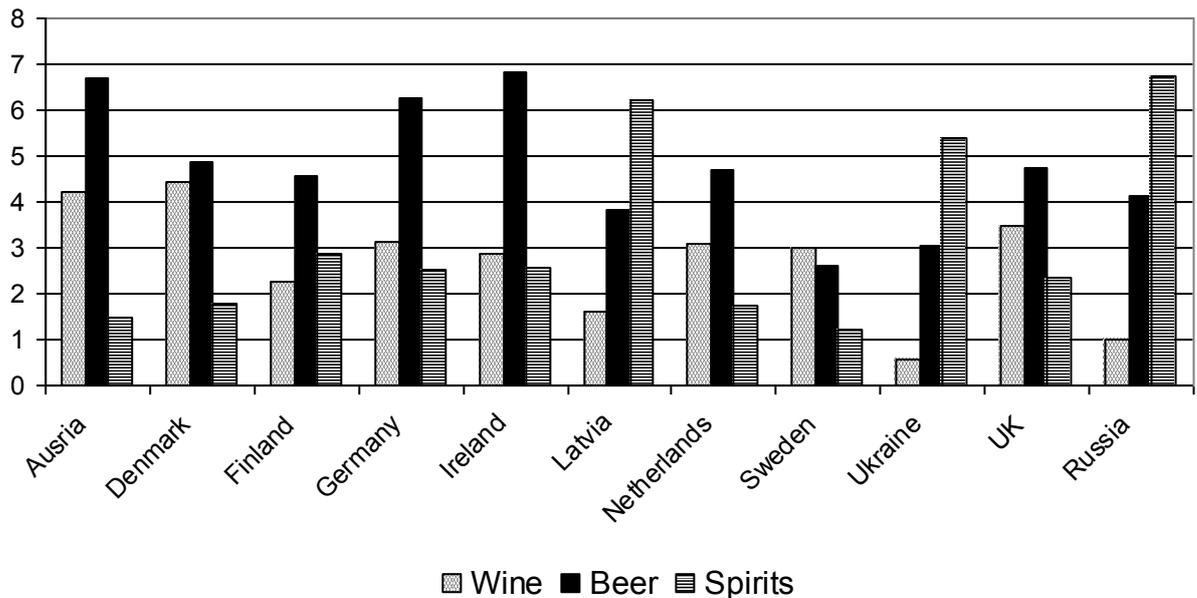


Fig. 3. Most consumed alcohol beverages, litres of pure alcohol per capita, 2006
Source: WHO European Health for All Database.

More than half of all alcohol consumed in Russia (in litres of pure alcohol) is associated with vodka and other strong spirits. After a slight decrease in the number of vodka consumers and an increase in the number of beer consumers from the beginning of the 1990s to the early 2000s, we observe a stable use of vodka and beer at a common level of 50-60% of all alcohol users (figure 4). Furthermore, our estimates based on individual and regional data prove that there is a strong correlation between vodka and beer consumption. It means that vodka and beer in Russia are used as complements, not substitutes (Koloslitsyna, Zaslomova 2010).

⁹ Rosstat. Torgovlia v Rossii, 2009

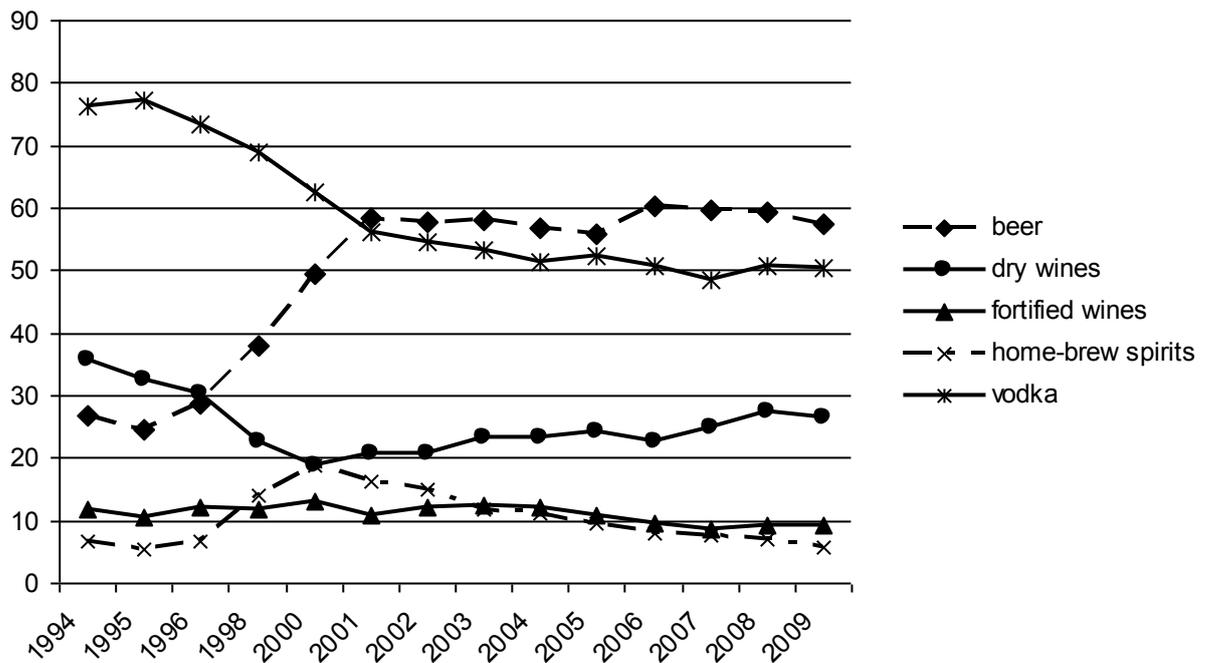


Fig. 4. Recorded adult consumption of specific alcoholic beverages, % of all respondents

Source: RLMS

Excessive drinking aggravated by preference for hard liquor, heavy episodic drinking and commonly used alcohol substitutes and/or illegally produced spirits results in extremely high mortality rates in Russia – there is a total life expectancy of 67.9 years with an extreme 13-year difference between male and female life expectancies¹⁰.

The evidence connecting higher mortality in Russia to alcohol abuse is strong. In 2009 more than 21,000 Russians died from alcohol poisoning (1.1% of overall mortality and 9.5% of all external causes of death). As heavy drinking is less common in women, the Demographic Yearbook reports the male alcohol poisoning rate to be 4 times higher than the female rate and the urban rate to be 1.7 times higher than the rural rate. Male alcohol-related deaths are highest in the 45-54 year-old age group and female deaths are highest in the 55-64 year-old age group.

While the number of alcohol poisoning deaths in 2009 represents a reduction of almost 50% from 2001, other alcohol-related mortality rates are still very high: 8.5% of all road traffic deaths, 19% of circulatory system disease deaths, 67% of homicides and 50% of suicides are linked to alcohol. Although experts point that the cause of death reporting in Russia is problematic, even moderate estimates show that almost 0.5 million deaths per year (26% of all deaths each year) are attributed to alcohol abuse (The Public Chamber of Russian Federation, 2009b, p. 15).

Other problems linked to alcohol consumption include the direct and indirect costs associated with crimes and accidents, burns, domestic violence, the orphanage system,

¹⁰ The Demographic Yearbook. Rosstat, 2009

productivity loss in the workplace, healthcare spending on alcohol-attributed diseases, police and juridical expenses etc. While a major part of these costs are not estimated due to the lack of adequate data, the statistics on crimes and road traffic injuries alone (each 14th car accident¹¹ and 37% of all crimes (The Public Chamber of Russian Federation, 2009b, p. 22). were committed under the influence of alcohol) make this problem become evident.

Rough estimates published by Russian Public Chamber indicated that the cost of alcohol abuse in Russia in 2008 was nearly 1700 billion rubles or almost \$57 billion US (The Public Chamber of Russian Federation, 2009b, p. 27), equalling about 4.1% of GDP.

1.3 Smoking

Russia has one of the highest smoking rates in the world. According to different estimates the prevalence of smoking among Russian men is between 60 and 70% and among women between 17 and 25%. Unlike many other countries that are benefiting from a decline in smoking prevalence, Russia experienced an annual increase in the number of smokers between 1994 and 2009 (fig. 5).

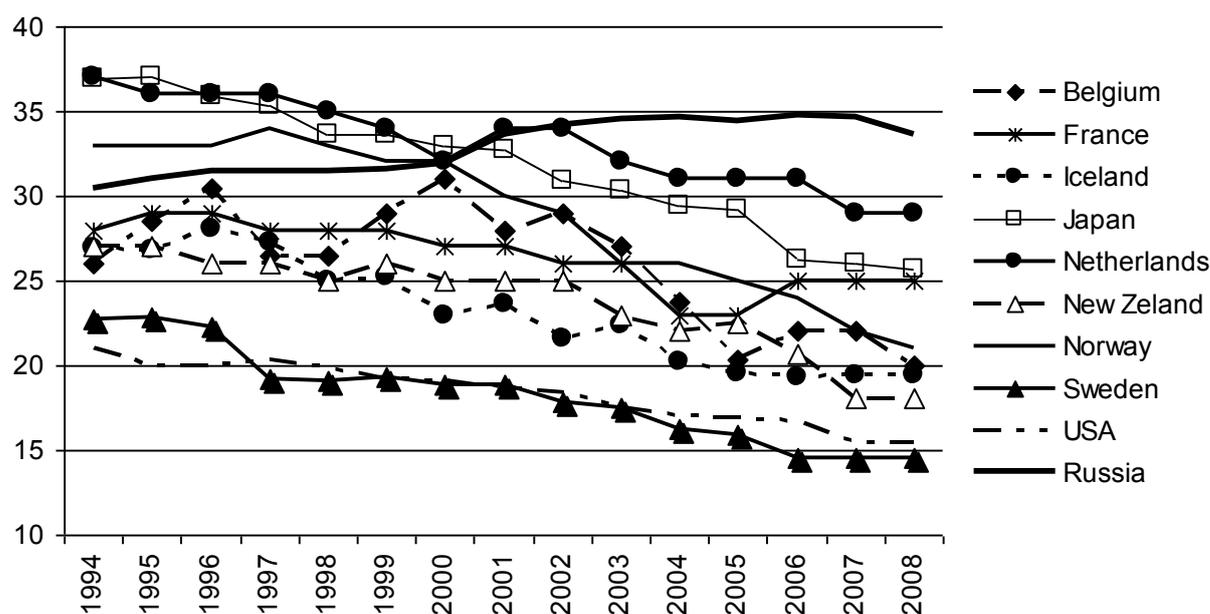


Fig. 5. Overall smoking prevalence (ages 15+), %
Sources: OECD Health Data; RLMS.

While tobacco use among males has remained fairly stable, tobacco consumption among females was low in the Russian Federation for many years, but it has begun to rise in last two decades. RLMS data shows that the rate of female smoking has doubled from 8% in 1994 to almost 17% in 2009 (fig. 6).

¹¹State inspection for road traffic safety <http://www.gibdd.ru/news/480>

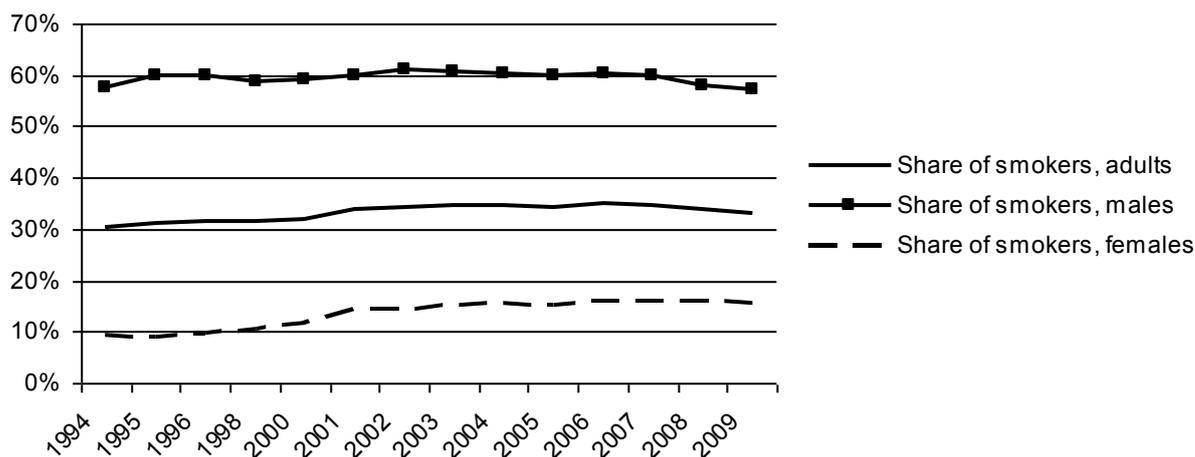


Fig. 6. Changes in smoking prevalence rates in Russia by gender, %
Source: RLMS

However, RLMS-based smoking rates are underestimated as the database doesn't include social groups with traditionally high level of tobacco consumption, including military personnel, prisoners, homeless people, and others.

Another important pattern is that youth smoking prevalence has become extremely high. GATS shows that 31% of male teenagers and 17.8% of female teenagers (15-18 years old) smoke. Among young adults 19-24 years old, the smoking prevalence rate is also alarmingly high: 62.1% for males and 37.9% for females (Fig. 7). However, students smoke less: our estimates show that 31% of males and 23% of females use tobacco¹².

The high number of daily smokers is aggravated by the decrease in age of trying one's first cigarette: compared to 1993, when surveys showed that people first attempted smoking at the age of 15, in 2009 children tried their first cigarette when they were 11-12 years old (The Public Chamber of Russian Federation, 2009a). Given their early start in trying cigarettes, 17% of today's smokers report that they became addicted under the age of 15, and another 46.6% report that they became regular smokers when they were 15-18 years old (GATS, 2009).

During the last two decades, Russia also experienced a sharp increase in daily cigarettes smoked per capita. As a result, in 2009 62.7% of daily smokers consumed more than 15 cigarettes per day, with 35.7% of teenagers (15-18 years old) consuming 15+ cigarettes per day and another 38.8% of teenagers smoking 10-14 cigarettes per day.

¹² Students' survey, conducted by HSE and Samara State Medical University.

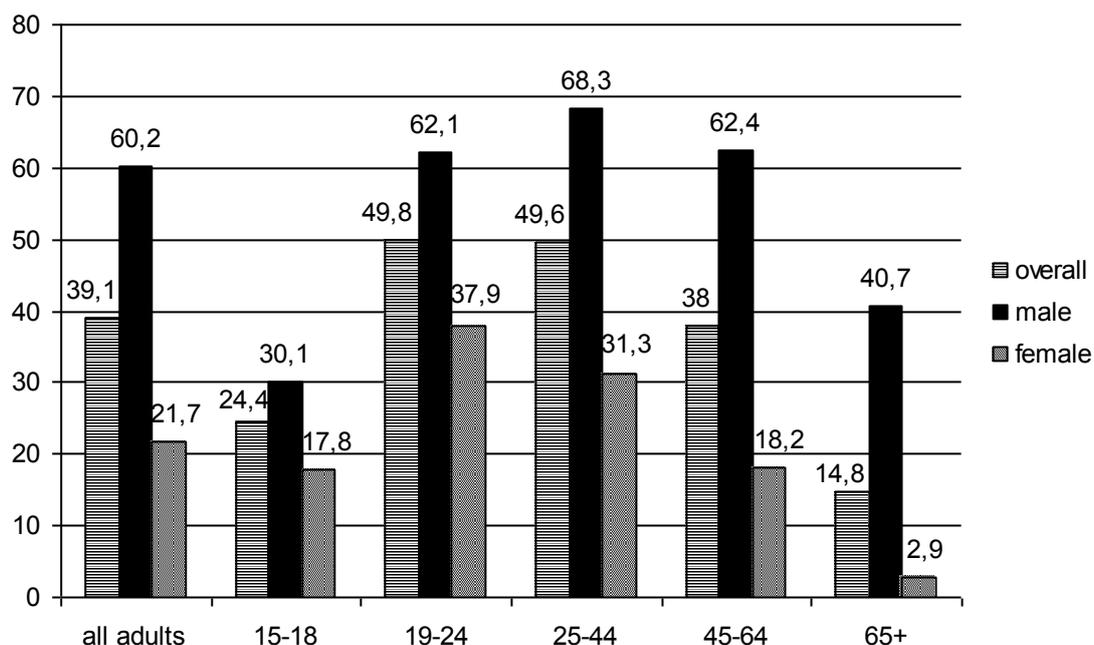


Fig. 7. Current Smoking Prevalence by Age Group and Gender
Source: GATS Russian Federation, 2009.

A natural result of high prevalence rates of tobacco use is health and economic losses caused by smokers that are comparable with those produced by alcohol abuse. Tobacco-related diseases are responsible for between 330,000 and 400,000 premature deaths in Russia each year and contribute substantially to the country's declining life expectancy (Gilmore, Ross, Shariff, 2008). Econometric studies based on RLMS microdata prove that the impact of smoking on life expectancy is as important as that of alcohol (Denisova, 2010).

1.4. Nutrition and physical activities

In contrast to alcohol and tobacco, consumption other elements of healthy life such as nutrition and physical activities have become a research focus more recently. In 2005, the World Health Organization acknowledged the problem by creating unified criteria to define overweight and obesity¹³. It is not easy to measure and monitor an individual's meal composition and energy intake, as well as physical activity, so relevant statistical data are scarce and incomparable for different countries. By contrast, obesity and overweight indices reflect unhealthy behaviour and are universal. Russian data show unambiguously that, as in most industrialized countries, the prevalence of overweight and obesity has risen greatly during the past twenty years. Almost half of the adult population suffers from overweight (see fig. 8). It is important to note that excessive weight is not only an indicator of unhealthy food habits and low physical activity: it is also a

¹³ The WHO official definitions of overweight and obesity are based on BMI (body mass index). BMI values between 25 and 29.9 are considered as overweight. BMI of 30 and higher means obesity.

strong predictor of many serious illnesses such as coronary heart disease, stroke, high blood pressure, some forms of cancer, and type II diabetes (Must et al. 1999, Mokdad et al. 2003). Thus, overweight and obesity create both private and social costs as well increasing public health spending and reducing labour productivity and economic growth (Philipson, Posner, 2008).

According to physiologists' unanimous opinion, the main cause of the problem is the imbalance of energy consumption and spending. Experts point out that technological innovations have led to cheaper and more processed food, increasing availability of fast-food and high calorie products, a decline in job-related physical efforts, increasing time costs of physical activity, urbanization and public transport development, etc. Together, those factors increase calorie intake and reduce energy expenditure.

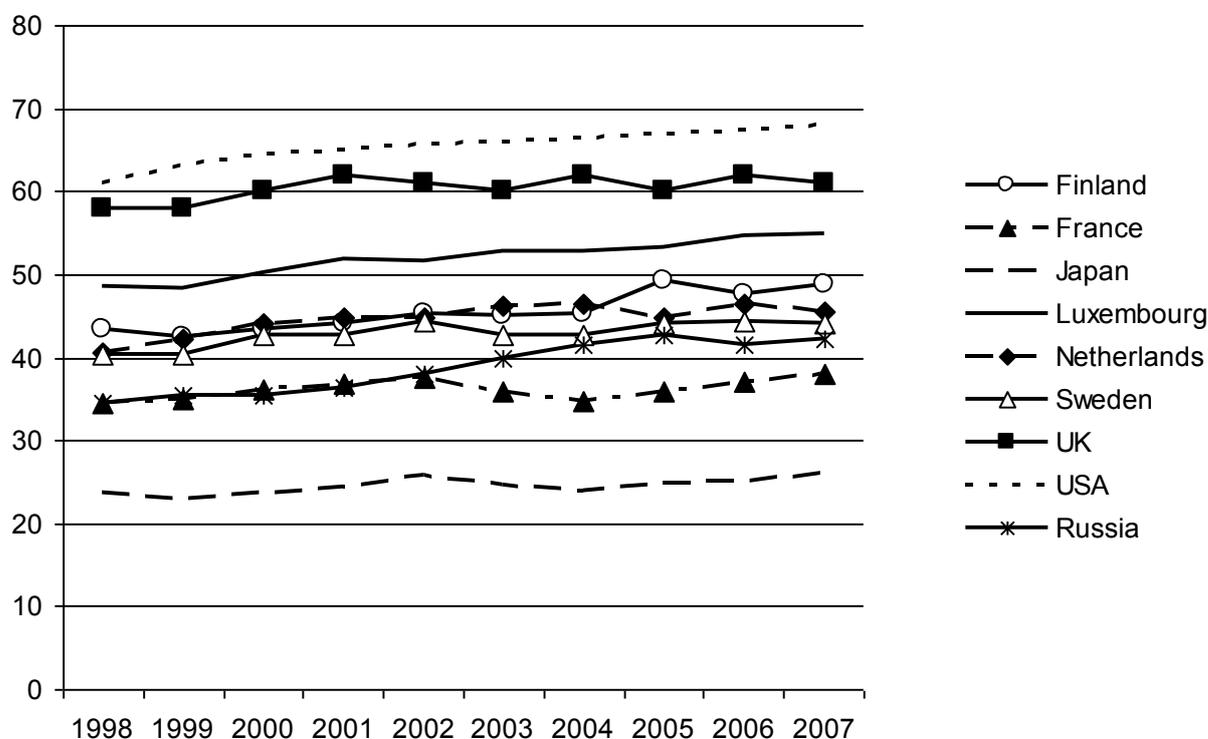


Fig.8. Overweight dynamic, OECD countries and Russia, 1998-2007 (% of population)
Source: OECD Health Data; RLMS.

Recently, in many developed countries a trend has emerged: overweight becomes less prevalent among more highly educated population groups. In Russia, however, this trend is only partially observed. The obesity share is significantly lower only among females with university and post-university education, but for all other educational groups there is no significant difference. Concerning male obesity, a positive correlation between excessive weight and educational level was established (Berdnikova, Kolosnitsyna, 2009).

Household welfare is an important factor influencing overweight. On the one hand, increasing incomes boost spending on meals in poor families (or countries) that recently suffered from malnutrition. On the other hand, a certain threshold of income and weight motivates people to control their weight, switching to healthy food and exercises. That is why research demonstrates a nonmonotonic relationship between incomes and obesity (Rosin, 2008). Estimating such a function on available macrodata for 61 countries we can see that Russia is still far from the point where income growth stops increasing obesity rates (fig. 9).

In fact, household survey data available from the Russian Statistical Agency shows that food consumption has been increasing consistently for many years in all families, including those with higher incomes. That concerns almost all types of food products except bread and potato products (see fig. 10).

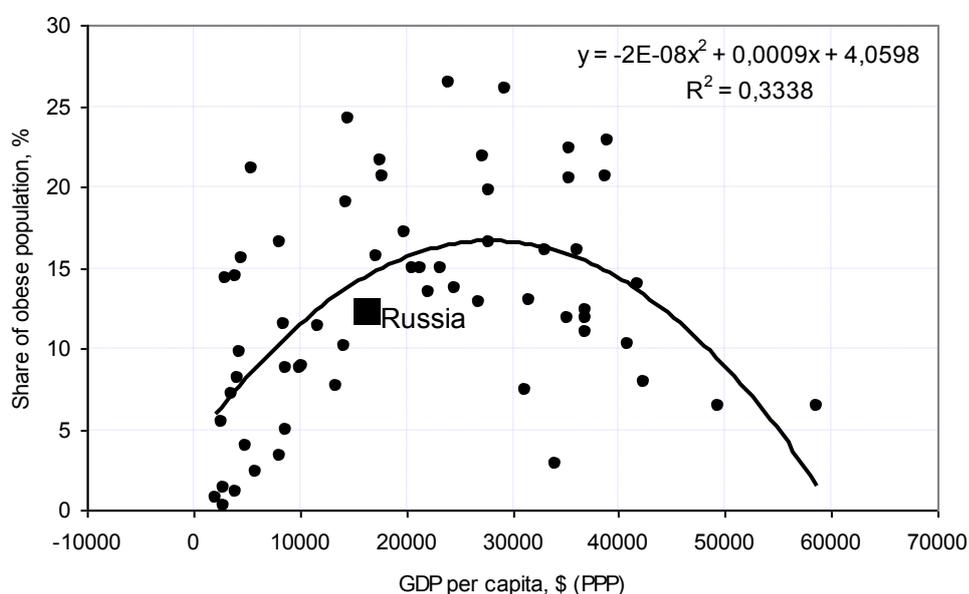


Fig.9. Share of obese population, %, and GDP per capita in USD (PPP).
Source: authors estimates on WHO and WB data, 61 countries, 2000-2007.

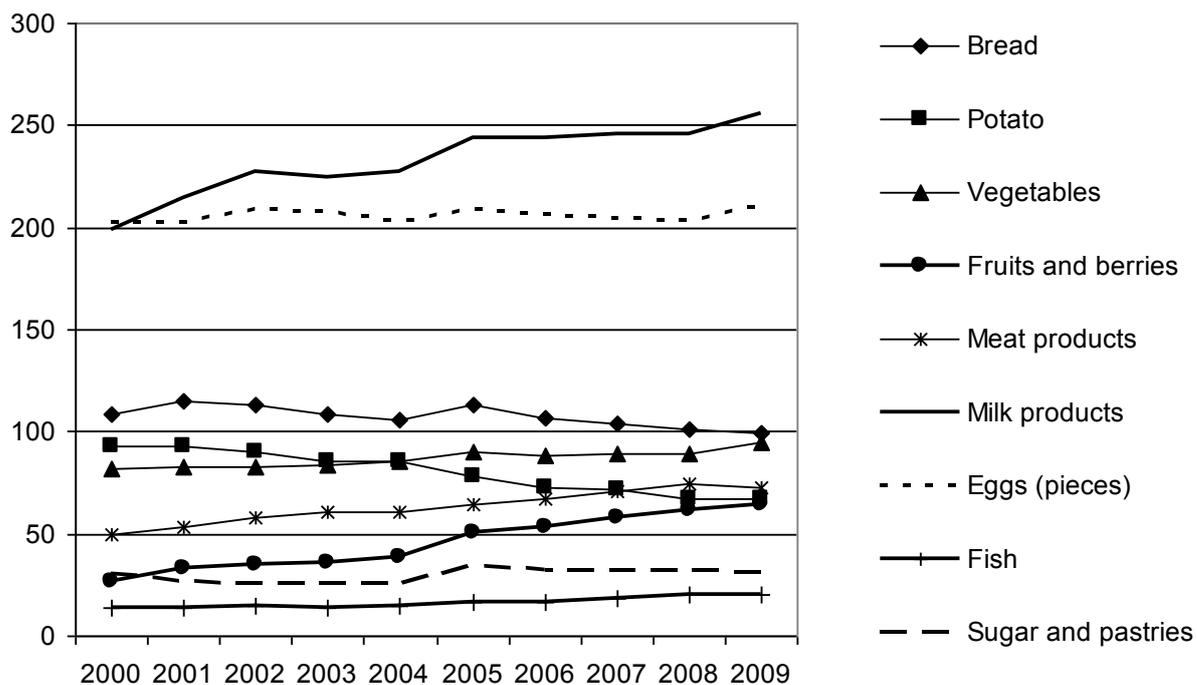


Fig. 10. Food products consumption per capita per year, kg (2000-2009)
Source: Russian Statistical Agency, household surveys

Even though bread and potato consumption started to reduce and sugar and confectionery consumption has stabilized in previous five years, the overall structure of food consumption is still far from optimal. More than a half of calorie intake comes in form of relatively cheap bread, pastries, sugar and potato, so-called “bad carbohydrates” that increase weight (fig. 11).

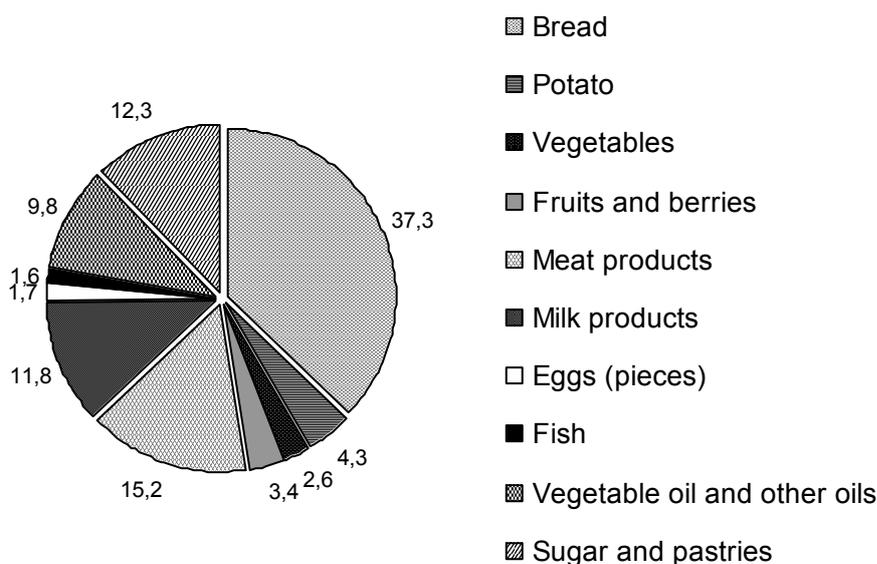


Fig.11. Energy value of household meals, by types of food products, %, 2009.
Source: Russian Statistical Agency, household surveys

The apparent growth of fruit and berry intake (see fig. 10) is actually explained by statistical methodology transformations. Since 2005, fruit juices have come to be classified as fruits in nutritional analyses. Comparable figures show that the per person fruit consumption in Russia is 2-3 times less than in European countries. Bread consumption is higher only in CIS countries. An additional point is the deep inequality of food consumption. According to household surveys from the Russian Statistical Agency, in 2009 rich families (the highest two deciles of income distribution) consumed 2-3 times more meat, milk products, fruits and vegetables per person than poor (the lowest two deciles).

Aside from food contents, one should note a lack of dietary regime. A survey conducted by the Russian Academy for Public Service in 2009 among the adult population shows that 49% of respondents don't follow a dietary regime. Mainly, it is caused by lack of time or lack of habit (the first answer is more popular among well-educated people, the second one among less educated people). 16% of the population never eats regular hot meals. Canteens or cafés at working sites are a rarity rather than a rule (only 16% of respondents note the possibility to eat on-site). Less than half of respondents (43%) have information about rational nutrition principles, and almost 20% say they have never heard about nutrition (Boykov, 2010).

The 2009 survey of students conducted by HSE in 3 Russian cities revealed that 57% of young people do not eat meals properly. Most of them eat fewer than three meals per day, or eat the largest amount of food in the evening. 28% combine these two faults. At the same time, during breaks between classes, students prefer sweets and chocolates (33%) or sandwiches and chips (27%), and less frequently eat fruits and vegetables (22%). Among those who estimated their own lifestyle as healthy, only 15% really follow rational nutrition principles, while all others have some faults but are not aware of them.

The research of the Russian Academy for Public Service cited above points out that regular physical exercise (2-3 times per week) is typical for 16.9% of the adult population. This figure varies significantly with the respondent's age, gender and education. In particular, activity decreases after 30 and especially after 40 years old (in the age group 30-39, 19.6% of respondents are physically active, in the group 40-49 – 12.4%, and in the group 50-59 – 10.8%). Those with a university degree are more likely to exercise on regular basis (24.7%), while among respondents with uncompleted secondary education there are only 12.4% who exercise twice a week or more. In the richest income group one could observe most intensive activity (25%), in comparison to 11.4% among the poorest group. However, when asked to list their obstacles to physical activity, respondents named lack of time as the most significant obstacle, then laziness,

and then money shortage. It is important to note that respondents over 40 years old specifically highlight the “lack of facilities to exercise for people of their age”.

Summing up, there are serious problems of healthy nutrition and lack of physical activities distinguishing the Russian population. Unhealthy behaviour is caused partly by laziness and ignorance and partly by lack of money. The high customary level of alcohol consumption and smoking prevalence bring Russia in line with less developed and less educated countries. The current consumption trends will continue if healthy lifestyle policies do not improve dramatically. Alcohol and tobacco consumption, low physical activity and overweight are key factors of health risks, and without reducing these risks, a society cannot achieve higher life expectancy regardless of sophisticated modern medical technologies.

2. Current healthy lifestyle policy

2.1 Legal Framework for HLS policies

Today, HLS policy is beginning to form in Russia. Important state acts were approved over the last two years, such as "The fundamentals for state policy to reduce the consumption of alcoholic beverages and alcohol abuse prevention among the population," "The fundamentals for state policy on combating tobacco consumption," and "The principles of public policy on healthy nutrition".

In the State Strategy for long-term development (Strategy 2020), healthy lifestyle is mentioned in the section "Demographic policy". The list of the measures suggested is rather short, including informing the population about the dangers of physical inactivity, malnutrition, alcohol, tobacco and toxic substances, and developing training for hygiene, study and working conditions, and healthy nutrition. Enhancing possibilities for physical culture and sports is also noted, but the whole paragraph on a healthy lifestyle policy takes up only 0.5 of a page.

As part of the Guidelines for the Russian Federation Government for 2012, the Ministry of Health approved the project "Promotion of healthy lifestyle." Within the project, a roadmap for reduction in sales of spirits and cigarettes is planned. However, the targets for 2012 will not lead to significant improvement. The amount of alcohol consumed in Russia (in pure alcohol) should, according to the authors of the project, fall from 9.67 litres to 9.40 litres per capita per year during the period of 2008-2012. Converting this index to per capita of adults (as common for international statistics) we obtain respectively 11.5 and 11.2 litres, whereas the dangerous level of consumption according to WHO is 8 litres. The Promotion of healthy lifestyle project sets a goal for the sales of cigarettes to be reduced from 2800 to 2400 units per capita per year. When converted as per smoker that means 27 to 23 cigarettes a day, even if the proportion of smokers

does not decrease. Specific measures to achieve the planned targets are not mentioned in the document. The Ministry of Health is named responsible for the execution of the project, and among the participants is the Federal Service for Alcohol Market Regulation (*Rosalkogolregulirovanie*), but no one agency is considered responsible for the sale of cigarettes. Obviously, *Rosalkogolregulirovanie* can't determine the amount of alcohol consumption and can only indirectly influence sales through licensing.

Another new document to be mentioned is the Strategy of state policy to reduce the consumption of alcoholic beverages and alcohol abuse prevention among the population for 2020 (approved by the Federal Government from 30.12.2009 № 2128-p). The Strategy includes a wide range of very reasonable measures which can be quite effective as shown by the experience of other countries. In particular, one is "the implementation of a pricing policy that ensures the establishment of consumer prices for alcoholic beverages, taking into account its content of alcohol." Thus, the indicators of the program are not sales but consumption, "changes in the structure of consumption of alcohol achieved by reducing the share of consumption of hard spirits with the ongoing decline in the overall level of alcohol consumption." The tools proposed by the Strategy include "an increase in excise taxes on ethanol and alcoholic beverages in order to reduce their affordability and a set of minimum retail prices for alcoholic beverages."

The Russian Federation joined the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2008. The Ministry of Health and Social Development is responsible for coordinating and carrying out activities on implementing FCTC. One example is the Strategy on the implementation of government policy in the fight against tobacco use for 2010-2015, defining the framework for anti-tobacco measures. Also, in 2011 the Ministry of Health and Social Development has developed a new draft Act on "Protection from tobacco use". This act is to replace the "Limitation of Tobacco Smoking" Act that regulates main principles of tobacco use in Russia. The new Act defines progressive implementation of the main measures declared in the FCTC: taxation measures, population protection from tobacco smoke, full information for consumers on the influence of tobacco on health, total prohibition of advertising, promotion and sponsorship, help in smoking cessation, etc.

"The Principles of public policy on healthy nutrition" (approved by the Federal Government from 25.11.2010 № 1837-p) acknowledge the existing situation with low intake of fruits, vegetables and fish products and the growth in the overweight population. However, the focus of the document is mainly on securing food safety, which is fairly important but is not the only goal of nutrition policy. The other concern of "The Principles..." is increasing Russia's home production of all food types including milk, meat, fruits and vegetables. Why the domestic-produced food is better or healthier than the imported ones is not quite clear from the

text. Thus the document looks rather protective for national food producers than oriented towards healthy nutrition of the whole population.

2.2. Economic measures

Price regulation is viewed as a most effective measure in decreasing alcohol abuse and smoking. Despite all the evidence of alcohol-related harm and human losses, the real price of alcohol, especially vodka, was constantly decreasing. In the middle of 1990, the average Russian monthly income was enough to buy 25 litres of vodka or 100 litres of beer, while by 2009 it would buy more than 79 and 358 litres respectively¹⁴. One reason for such extreme alcohol availability is the intense competition among legal and illegal alcohol producers and traders. However, the main problems are in the field of poor alcohol policy.

During the last decade, Russia saw a number of alcohol taxation revisions resulting in a wide range of rates based on the alcohol strength of different beverages and intermediate products. Although taxes were periodically adjusted for inflation, the real value of excise was constantly falling over the last decade. However in 2010 the increased excise duty rate for ethyl alcohol (including vodka) was set at the level of 210 rubles (about US \$7 or EUR 5.1) per litre of 100 % alcohol, which is less than European minimum level, 14.6 times less than in Norway, 7 times less than in Finland, and 3 times less than in Poland.

Taxes on other alcohol beverages were much lower in 2010: 3.5 rubles (about US \$0.12) for 1 litre of wine, 14 rubles (about US \$0.47) for 1 litre of sparkling wine, and 9 rubles (about US \$0.3) for 1 litre of standard beer of 0.5-8.6% alcohol.

While the excise duty rate is higher for ethyl alcohol than the less strong wine and beer, the taxation system creates disparities in favour of vodka and its substitutes: a gram of pure ethanol in vodka is 2.6 times cheaper than that in wine or beer (The Public Chamber of Russian Federation, 2009b, p. 35). Moreover, in 2011 excise taxes on vodka were increased by only 10% per gram of pure ethanol, while they increased by 42.9% on wines, by 28.9 on sparkling wines, and by 8.6-21% on beer, creating even more disparities.

Alcohol pricing policy in Russia contradicts European practice and does not create incentives for substituting wine and beer for strong spirits. In January 2010 Russia introduced a minimum price of vodka at 89 rubles (about US \$3) per bottle of 0.5 litres in order to fight counterfeit alcohol production. In 2011 it was raised to 98 (US \$3.3) rubles. However, trade statistics do not show much change in vodka sales: vodka's market share decreased only by 1%, forming more than 50% of total alcohol sales. This is much higher than in developed countries where the market share of strong spirits varies from 12 to 22%.

¹⁴ Rosstat database www.gks.ru

Cigarettes in Russia became cheaper and more affordable over last two decades compared to almost all other goods. Between 2000 and 2007 alone, real cigarette prices fell by at least 40 percent, while rising incomes added to the increase in their affordability (Gilmore, Ross, Shariff, 2008). The average price of cigarettes in Russia was about 4 times less than in Europe (WHO, 2010, p.10).

The main rules for cigarette taxation were defined in the tax code of the Russian Federation in 2008. The system of cigarette taxation in Russia is characterized by a differential treatment of filtered and non-filtered cigarettes. Annual indexation of excise rates for filter-tipped cigarettes was fixed, starting from 2010 at 20 % of the previous year, and for non-filtered cigarettes and papirosy (a local variant of non-filtered cigarettes) at 28% of the previous year.

However, more than 80% of Russian smokers prefer filtered cigarettes (Lukinykh, Zasimova, 2009). Starting in January 2011, excise tax rates for filtered cigarettes were increased to 280.00 rubles (US \$9.3) for 1000 units plus 7% of retail price. For an average pack of cigarettes (with before tax price of 50 rubles or US \$1.7) the after tax price is 58.60 rubles (1.95 US \$) with 14% of excise tax in its price. Nevertheless, the total tax (including the value-added tax) is still far below the 67 to 80 percent level introduced by developed and developing countries and recommended by the World Bank to reduce tobacco use.

In spite of increasing excise taxes, cigarettes prices are still very low in Russia making cigarettes affordable for all population groups, including children and teenagers. One reason is that the Russian cigarette market is characterized by a large range of cigarette prices where consumers can choose among different price categories. The increase in taxes stimulates substitution among brands more than decrease in consumption or cessation.

Another reason is that tobacco industry lobbyists (Philip Morris, British Tobacco, etc.) are very active against anti-tobacco measures, including increase in taxes. They consider Russia as a significant prospective market, as the use of tobacco products in developed and most developing countries is constantly falling. Tobacco lobbyists invent different arguments against excise tax increase, including mass protests, illegal tobacco products etc. to convince policy makers against FCTC measures.

There is no special tax regime concerning healthy or unhealthy food products in Russia. Unlike many developed countries' legislation that uses different VAT rates or specific sales taxes for certain food products, Russian tax legislation includes only two options – 18% VAT for great majority of goods and services and 0% VAT for a limited number of goods that are subject to tax exemption. There is only one type of food on the latter list there is only one type of food (baby food products). Thus, existing legislation does not motivate consumers to healthy choices.

2.3 Administrative measures

Technical standards. Safety and quality of food are integral components of a healthy lifestyle. The problems associated with food safety (food allergies, sensitivity to foods, foodborne illness, intoxication, etc.) are increasing in Russia due to constant change and development of the global food market and technologies. The Federal Law "On technical regulation" recently came into force, changing the existing legal framework in the production, storage, and sale of food towards a system of national standards. Unfortunately, the Russian technical regulations do not always impose as strict quality requirements for food as in the EU. Currently, no more than 20-25% of standards for the food industry are harmonized at the national and international level. And though in some cases there were objective reasons for this difference, the lower quality requirements were often defined by pressure from the producers.

Advertisement restrictions and bans. Advertising of tobacco and alcohol is regulated by Federal Act "On Advertising". Strong spirits and wine cannot be advertised on TV, in public places etc. However, beer has long been advertised, even on TV (after 10 p.m.) because beer was not considered as alcohol in Russia. There were no restrictions on the times, conditions and locations of beer sales until recently. However, in order to promote a healthy lifestyle the State Duma (lower house of parliament) has just approved the draft bill to put beer on the list of alcohol beverages beginning July 1, 2012.

According to the "On Advertising" Act, the advertisement of tobacco products should not target minors. Advertisement is prohibited on television and radio, at cinemas and video shows, in streets and on buildings. It is also prohibited in public places: on all types of public vehicles or inside health care, educational, cultural, sports and health and fitness organizations and within a 100-meter radius of those buildings. Advertising materials cannot be placed in print media targeting minors and on the first and last pages of all print media. Promotional activities with free distribution of tobacco samples are prohibited in places where selling tobacco is not allowed.

However, this partial advertising ban leaves a lot of possibilities to promote tobacco use not only for adolescents, but also for minors. Advertising in journals and papers, on the Internet, and in some public places is still allowed, as well as sponsorship and other promotion activities.

Tobacco and alcohol sales limitations. Among well-known measures that restrict alcohol consumption in Russia there are some rather old measures that have been implemented for a long time: the ban on sales to persons under the age of majority and the ban on sales in or near specific locations (e.g., universities, hospitals). Limits on the time of sale were introduced relatively recently (fall 2010) in more than 40 of Russian regions, varying in duration. For example, in Moscow, alcohol beverages stronger than 15 percent cannot be sold at night between

10 p.m. and 10 a.m. In Moscow region, the ban is in power between 9 p.m. and 11 a.m. These measures, according to experts, are effective in reducing alcohol abuse and, importantly, are supported by the population as a whole (according to a *VCIOM* opinion poll taken in fall 2010, 87% of respondents believed it was a positive change). However, the efficiency of these measures is limited by weak enforcement measures. For example, the ban on selling alcohol at night is easily broken by Internet companies delivering spirits by couriers directly to customers.

A special attitude exists in Russia towards the use of water pipes - it is not regarded as smoking, but rather as a fun activity. It has become more and more popular, available in cafes and restaurants for everyone, including adolescents and visitors to otherwise non-smoking places. Youth surveys¹⁵ show that, at least occasionally, almost 60% of young men are smoking water pipes - much more than those smoking cigarettes (25-30% amongst young people).

The ban on tobacco and alcohol sales for underage has rather limited effectiveness at the moment. Formally, it is a strong law-enforced measure. But in practice it only blocks sales in large supermarkets, while widely deployed street kiosks still sell beverages and cigarettes with no demands for age verification. Moreover, the bans and restrictions on hard drinks were not applied to beer until now. Recently the Federal Act N218 of 06/13/2011 "On the limitations of retail sale and consumption (drinking) of beer and beverages, manufactured on its basis" has been approved and beer will be treated as alcohol beginning in July 2012.

The situation is determined not only by weaknesses of police and other enforcement institutions. Today in Russia, alcohol is an easy-to-get commodity. As of 2010, there was one outlet, kiosk or small store per 500 adults, meaning that there is a place to buy alcohol on virtually every street in Russia. For comparison: in 2006 in Norway, there was one store that sells drinks stronger than 4.75% alcohol per 30,000 people, and in Sweden one store per 23,000 people (Khalturina, Korotaev, 2008, p 36).

Limitations on smoking and drinking in public places. According to the Administrative Offences Code of the Russian Federation, alcohol consumption is prohibited in public places, it is illegal to be inebriated in public places, and a special norm regulates the behaviour of adults involving underage individuals in alcohol and beer consumption. However the fines for the breach of these laws are very low (150- 700 rubles – about \$5 - \$24) and are rarely collected. Despite the laws, drinking beer and other alcohol beverages in public places is widespread and tolerated by Russian population.

In accordance with the "Limitation of Tobacco Smoking" Act, tobacco smoking is prohibited at workplaces, on public transport, on short air flights (less than three hours long), inside sports facilities, health care and cultural organizations, on the premises of educational

¹⁵ Students' survey conducted by HSE and Samara State Medical University.

institutions, and in offices of governmental authorities, except for specifically designated areas. However, requirements for designated smoking areas are not specified, making smoking highly widespread.

Many other acts regulate production, dissemination and use of alcohol and tobacco products that have an indirect impact on these products. This includes licensing, technical standards and illegal production, sponsorship, amenability for crimes committed during alcohol abuse etc.

2.4 Informing and consulting

Health centres. In 2008, the Health Ministry of Russia announced the establishment of Health Centres throughout the country. Here everyone may find out if they are overweight or obese, and take tests to estimate their health status. Health centres were supposed to be equipped for screening assessment of the level of psychological and physical health. The establishment and operation of the centres were supposed to be funded by the federal and regional budgets on a parity basis. Despite the fact that the newly created health centres were well financed, their efficiency is still being questioned. First, centres have low attendance – on average, no more than 8 people per day in 2010 according to Health Ministry data. There are only 698 centres in Russia at the moment¹⁶ for 143 million people, i.e. 1 centre per 205,000 potential clients. Second, their functionality is aimed at diagnosing the status of health and prevention as a substitution for visiting clinics, rather than on promoting a healthy lifestyle (Vlassov, 2009). Third, much of the equipment purchased for the health centres have no use for a healthy lifestyle. The obligatory list of equipment attached to the order of the Health Ministry of Russia, gives the impression of being drawn up under the influence of lobbyists. It demands acquisition of equipment that is unnecessary for actual science-based prevention. In addition, it actually dictates which of the available competing devices must be purchased by giving too detailed and narrow descriptions.

The Anti-alcohol Strategy, approved in 2009, proclaimed broad support for social and religious organizations to conduct their activities in promoting and implementing initiatives to combat alcohol abuse. Though the concept does not directly declare the need for informing the public on negative effects of alcohol consumption, it is aiming at implementation of programs and projects designed to promote healthy lifestyles.

Warnings. According to the technical regulations that came into effect at the end of 2009, health warning messages about the harmful consequences of smoking must be placed on consumer packaging of tobacco products: there is one main warning saying “Smoking kills” and the package features an additional warning from a specific list. Adopting standards similar to those of the European Union, the Ministry of Health and Social Development requires the anti-

¹⁶ <http://www.takzdorovo.ru>

smoking message to cover no less than 30 percent of the front of a package and another warning takes half of the back. However, since pictorial warnings are more effective than text messages, the Ministry of Health and Social Development is trying to pass a bill requiring introduction of pictorial warnings.

Public campaigns. One of the exemplars often cited in the press is the Internet project www.takzdorovo.ru devoted to different medical problems, with a significant portion of the website focusing on healthy lifestyle information. Internet users can get professional consultations by medical specialists, including narcologists, and can discuss their problems with other users. According to official statistics, in 2009 only 35.5% of Russian households had access to the Internet, making the efficiency of this project questionable at the moment. However, its importance will increase with the inevitable growth in the number of Internet users.

Other measures include social advertising pointing out the harmful health outcomes of tobacco, alcohol, and drug consumption. The Ministry of Health and Social Development as well as regional authorities have already introduced regular promotional videos, broadcasts and broadsheets on the harmful consequences of “bad habits”. However, its efficiency is rather low. The survey on students cited above revealed that young people notice tobacco advertising materials much more often than anti-tobacco videos, broadcasts etc. 73% of students noticed tobacco advertisement underground and on the street, while only 41% saw anti-smoking broadsheets there. 52% of students noticed tobacco advertisement on the Internet and only 29% saw anti-tobacco materials there. The lowest efficiency rates are for newspapers and journals: only 17% of students noticed anti-tobacco materials versus 69% of those who saw tobacco advertisements.

Consultations when visiting a doctor. Doctors are supposed to inform patients about main risk factors to their health. However in Russia most of them do not even ask patients about their lifestyle. Thus, only 9% of students said that their doctor warned them about the dangers of smoking, while 25% of students smoked and more than 60% used water pipes (Kolosnitsyna, Zasimova, 2010).

Moreover, a Reader’s Digest survey based on 260 interviews with doctors showed that physicians prefer not to discuss overweight and obesity with their patients. 25% of doctors would like to tell some of their patients that they need to lose weight, but they do not do it. The main reason is their understanding of medical ethics: they do not dare to make their patients feel uneasy by pointing out their weight and eating habits¹⁷.

¹⁷ <http://www.rd.ru/o-чем-молчат-врачи>

3. Towards Healthy Lifestyle: New Policy Options

3.1. Economic measures

An incremental increase in cigarette excise taxes up to 50-70 percent of retail price by the year 2020. The growth of tobacco prices due to excise tax increase would produce a significant reduction in tobacco use. The World Bank experts estimate price elasticity in developed countries at a level of 4% and in low-income countries at a level of 8%. We have also proved that smokers evaluate changes in cigarette prices with respect to their personal incomes and decrease or increase cigarette consumption according to cigarettes' affordability (Lukinykh, Zasimova, 2009). It means that taxes should be adjusted not only for the level of inflation but also for increasing incomes.

Sometimes excise taxes are criticized on the grounds of their allegedly regressivity. As concerns tobacco consumption in Russia, that is obviously not the case. Indeed, the share of tobacco in overall household expenses of the lowest-income decile group is 1.2 % as compared to 0.3% of the highest-income group¹⁸. However the share itself is so insignificant that even price duplicating could not influence inequality dramatically. Besides, by reducing tobacco consumption, poor families will gain more in terms of health benefits.

Tax increases have the most significant effect on young smokers by preventing them from starting smoking and stimulating them to quit, as their price and income elasticity are higher than that of long-term smokers. Also, the addiction is not yet strong. Within the survey of students, we asked them about their behaviour if the price of their preferred cigarettes doubled. 24% answered that they would smoke less and 29% declared that they would try to quit.

Unfortunately, gradual annual tax increases as envisioned by the current tax code is not sufficient and will have only a minimal impact on smoking prevalence. We suggest a more significant tax increase. In 2012, the tax on cigarettes should be increased to at least 15 rubles per pack (about 0.35 EUR) and 25-50 rubles per pack (0.6 – 1.2 EUR) in 2013-2014.

According to the Strategy on the implementation of government policy in the fight against tobacco use for 2010-2015, which was approved by the RF Government, the average rate of taxes on cigarettes in the European region should be viewed as a challenge for Russia. Different public opinion surveys show that more than half of the population approves increases in alcohol prices and more than 70% of the population supports tobacco tax increases.

¹⁸ Rosstat. http://www.gks.ru/free_doc/2009/b09_44/07-10.htm

Taking into account the possibility to switch to cheaper brands to avoid a tax increase, the equalization of the excise tax rates on filtered and non-filtered cigarettes should be implemented.

We expect that the proposed increase in tax rates would increase budget revenues by 200-400 billion rubles, with an annual 6-10% decrease in the smoking prevalence rate .

Unfortunately, many Russian policymakers believe that increasing tobacco taxes is politically very sensitive. However, the implementation of increased taxes in all Eastern European countries that became new EU members didn't provoke any civil protest against higher tobacco taxes. Moreover, a study by the New Economic School has shown that more than 70% of the population supports increases in tobacco taxes. Even 65% of non-regular smokers and more than 50% of daily smokers support this measure.

Differentiated increase in alcohol excise taxes. We suggest that taxes on strong spirits (vodka etc.) should be raised by 15% in 2012 and by 25% each following year, creating incentives for substituting wine for vodka.

Various public opinion surveys show that more than half of the population approves increases in alcohol prices. From the revenue generation perspective, the expected decrease in alcohol sales will be compensated by higher tax rates, as the demand function for alcohol is relatively inelastic. Experts estimate that this policy measure would increase tax revenues by 150-450 billion rubles per year (depending on the annual increase in the tax rate). This projection is based on an 8-10% annual decrease in sales. There is no fear of tax regressivity as the share of alcohol in household expenses is almost the same for all income groups of Russian population varying from 1.3% in the poorest households to 1.7-1.8% in the middle groups and to 1.4% in the richest households¹⁹.

Alcohol producers often point to the threat of illegal alcohol production as a barrier to tax increase. However, studies conducted in Russia and other countries prove that the increase in illegal alcohol consumption is less the decrease in legal alcohol use, causing a net decrease in economic burden of alcohol abuse. For example, when Poland introduced a 2.5 times increase in alcohol taxes, the production of illegal and homemade alcohol also increased. But the decrease in legal alcohol consumption was much more important, making Poland the first country in the Post Soviet region that managed to overcome the mortality crisis with male life expectancy increasing to 70 years (Khalturina, Korotaev, 2008).

In order to compensate incentives for illegal alcohol consumption, the government should carry out policies designed to increase the efficiency of control measures. The Unified State Automated Information System (EGAIS) that has been used to control production and distribution of alcohol products in Russia since the beginning of 2006 is a good example of an

¹⁹ Rosstat. http://www.gks.ru/free_doc/2009/b09_44/07-10.htm

efficient control measure. Russian anti-alcohol policy studies also show that in regions introducing higher prices for vodka (compared to average wage), the mortality rates declined (Treisman, 2010).

Relative prices also could be an important factor determining food choices. An opportunity to impose *raised excise taxes* on particular unhealthy food products hasn't been discussed in Russia while many other countries implement such a measure quite successfully. For example, in the USA a special "food tax" established at the state level is levied on sodas, pastries and sweet snacks. In Canada and Australia they use sales tax and in Europe they use an increased value-added tax on the same goods and fast food. Research argues that such taxes are particularly efficient with regard to the dietary habits of children, adolescents, poor and low-educated population groups (Powell, Chaloupka, 2009). In Russia, by analogy with European countries, VAT can be increased by 4-5%. The list of sin products (or product groups) should be carefully developed using evidence-based approach. A 4-5% increase of VAT would yield additional 30 billion rubles per year under annual 5-10% decrease in sales of pastry and sweet soda.

On the other hand, the value-added tax should be cut or completely eliminated for selective types of healthy food that reduces health risks – high-fibre, low-fat products, etc. For example, the average Russian citizen consumes two to three times fewer fruits and berries than average European, including Finland with its even worse climate. Many Scandinavian countries have introduced production or consumption subsidies for fruits and vegetables thus increasing per capita consumption twice in several years. The list of healthy foods (for example, vegetables, fruits and berries, organic food etc.) should be carefully developed using an evidence-based approach. Public costs could vary depending on the length of the list and the VAT rate discount. For example, a decrease or a zero VAT for fruits would be associated with a 25 - 75 billion rubles loss (estimates are based on a 2010 year data on fruit market size and its annual 10% increase). On the other hand, budget losses due to reduced taxes or subsidies could be compensated by higher tax revenues from sweet sodas, confectionery etc.

Social insurance tax allowances could be applied for enterprises investing in hot meals for their employees. The tax allowance could take the form of a lower rate for social insurance taxes (for example 1.9% of wage bill instead of 2.9%). Only 16% of Russian employees have a possibility of regular hot meals at their workplace. Employers' attitude to this measure is quite positive, and the measure is also approved by trade unions.

Income tax credits could be granted to individuals who invest in a healthy lifestyle. The tax credits on expenditures on sports and physical activities should be introduced with a cap of

30,000 rubles per year per person, the same way that tax credits on educational and medical expenditures already work in Russia.

Enhancing the availability of sport facilities could be achieved by building new facilities, subsidizing their operational costs in order to increase affordability, investing in open air sport facilities, bicycle and jogging tracks, and so on. Thus, healthy behaviour choice will become cheaper and easier in terms of time as well as money.

3.2. Regulatory measures

Harmonization of technical regulations for food products with EU standards. We have to note the need to prioritize health as the main value in developing any new regulations in the food industry. To do this, the regulations-making process must be as transparent as possible, and the regulations themselves must be harmonized with the EU. Note that the new EU countries managed to go through this process in an average of 7-8 years. Harmonization of technical regulations for food products with European Union standards will significantly improve the quality of the domestic food processing industry at no cost to the budget.

Comprehensive ban on tobacco advertising, promotion and sponsorship in accordance with article 13 of the WHO FCTC. According to studies conducted in 102 countries, partial bans on tobacco advertising are inefficient, while the pure effect of total bans on promotion, advertising and sponsorship results in an 8% of reduction in smoking tobacco consumption. The introduction of a total ban on advertising tobacco products is highly supported by the population: 86% of Russians think that all types of tobacco advertisement should be prohibited (GATS, 2009). This measure can be painlessly introduced because it is easy to control and does not imply additional budget expenses.

Introduction of pictorial warnings. The efficiency of pictorial warnings is well known: it helps decrease tobacco use by 5% on average in the first year of its introduction (WHO, 2008). The effectiveness of pictorial warnings as a public health measure is enhanced by the fact that they are well targeted as they directly address the smokers, unlike social advertisements. In addition, the introduction of pictorial costs does not imply costly enforcement.

Gradual introduction of smoking bans at public places. In 2012, smoking should be strictly banned in educational, medical and cultural organizations, public administration and social security offices, and on transport, and in 2013-2014 the ban should expand to include the workplace, bars, and restaurants. It is important that the ban covers all types of tobacco products, including the water pipe that is becoming popular. Many European countries and most of the US states have already introduced bans on smoking in all public places, in accordance with article 8 of FCTC. Studies conducted in these countries/ regions confirm that the introduction of total

bans on smoking in public places result in significant positive effects. For example, the ban on smoking at workplaces helps decrease tobacco consumption at workplaces by 29% with an overall prevalence rate reduction by 4% during the first years of its implementation. Smoking bans also result in a twofold increase in the number of smokers wishing to quit (Zasimova, 2010). Bans on smoking in public places also cause a proven decrease in tobacco sales, in the number of young smokers, and in mortality rates (due to the drop in number of deaths from cardio-vascular diseases and respiratory diseases).

In December 2010 the New Economic School conducted a survey devoted to attitudes towards anti-smoking policies. According the survey results, 83% of the population supports a total ban on smoking in public places, including restaurants and bars as well as other places²⁰.

The GATS (2009) survey asked respondents if they thought indoor smoking should be prohibited in various places. According to GATS findings, the highest percentage (99.0%) of respondents thought that indoor smoking should be prohibited at schools. The respondents' next highest priority for indoor smoking prohibition was healthcare facilities (95.2%), followed by universities/institutes/colleges (87.5%) and workplaces (81.0%). The lowest percentages were reported for bars (48.9%), restaurants (59.1%), and cafes/cafeterias (77.0%). Overall, 42.1% of respondents thought smoking should be prohibited in all of the listed places.

Our estimates based on the survey of students also show that the majority of students support bans on smoking in public places with higher rates for healthcare organizations (90%). 64% of non-smokers and 43% of smokers also thought that indoor smoking should be prohibited.

It is important to set spatial *accessibility constraints* for alcohol purchases, such as the reduction of the number of sales points until the ratio is 1:5000 between number of points and population numbers (today it is 1:500). The budget loss due to sales reductions will be about 2 billion roubles per year based on current sales figures and forecast for 10% decreasing year by year, but the loss could be compensated by gains from increasing excise taxes. It is worthwhile to gradually reduce the number of official licenses for alcohol trade by 20% each year during 2012, 2013, and 2014. Such a measure that is actively used in many countries hasn't been applied in Russia before.

Alcohol consumption could also be reduced with *heavy fines for drinking in public places*. Research shows that drinking in parks, streets, and squares increases the consumed amount significantly, other things equal. Existing fines are imperceptible being at the level from 100 to 300 rubles (or 0.5-1.5% of average wage). They should be increased at least 5 times to become an effective instrument of public policy. It is important to apply this measure to all types of alcohol including beer and low-alcohol canned cocktails.

²⁰Results of New Economic School survey on people attitudes to anti-tobacco policies. NES, April 2010.

Introducing limits on fast-food restaurants numbers and locations and banning the sale of fast-food, chocolates and sweet soda sales at schools, colleges and universities do not induce substantial costs but could be very efficient, especially for children and youth.

3.3. Informing and consulting

Healthy lifestyle classes must be included into the standard junior-middle school curriculum. The vast majority of adults with bad dietary habits consider their lifestyle healthy just because they did not get the relevant information. School lessons for children aged 7 to 11 years are the most productive, as this measure does not require high costs, but provides long-term effect. In secondary school similar courses are also needed, but with a shift towards bad habits: explaining the risks of alcohol, drugs and tobacco, and educating about safe sex. The development and approbation of training programs, trainers' training, and teachers' retraining would cost 1.5 billion rubles per year for the first two-three years of the program, followed by a significant reduction in costs (authors' estimates based on the data of Federal Institution for Education Development).

Medical consultations. The results of various surveys conducted in Russia suggest that even if citizens are aware of the dangers of any health risks, they are not inclined to attribute the risk to themselves. Surveys of smokers around the world indicate that most of them would like to quit, and Russia is no exception - 65.5% of smokers of Russians would like to quit smoking (CDC, 2010, pp. 91-92). At the same time, it is found that Russian doctors rarely advise people on these issues. It is considered unethical to pay attention to patients' excess weight, poor diet and other risk factors.

Increasing the capacity and functionality of Health Centres is one way of solving this problem. But patients usually go to such doctors as general practitioners, gynaecologists, paediatricians, etc. That is why it is expedient to develop special training programs specifically for these categories of professionals. Particular attention should be given to developing programs for children and adolescents. It is essential that such programs should include training in communicating with patients on various issues related to unhealthy lifestyles, including drug use, unsafe sex, develop the habit of resistance to the environment, independent decision-making, etc. It is important to develop training programs carried out with the use of scientific methods, with their implementation preceded by testing for different social groups. The introduction of such programs would cost the budget about 1.7 billion rubles in the early years of the program, followed by a significant reduction in costs (authors' estimates based on the data of Institute for Family Health).

Public campaigns. Economic and regulatory measures should be accompanied by a media campaign explaining the rationale for healthy lifestyle. This campaign should stress the harmful effects of smoking, alcohol and drug abuse, given that this knowledge is very limited among the population.

Expenses for television advertising only as the most effective (including the production of TV commercials, testing and daily show) may be from 1 to 5 billion roubles at “commercial” rates, depending on times and the frequency of their turnover. However, the budget expenditures can be significantly reduced through the use of the capacity of public channels.

Regular public events to promote a healthy lifestyle (healthy heart day, mass preventive actions, such as "Say no to smoking and drugs," "Measure your cholesterol," etc.). The cost of such actions can vary greatly, and it is better to employ nonprofit organizations and volunteers for budgetary savings. Such initiatives are the most effective at the local level, where they are carried out and/or supported by the city government, as happens, for example, in the cities included in the WHO European regional network of "healthy cities". Today there are only 7 such cities in Russia, and their experience should be disseminated and replicated through the country.

The attempt to provide HLS consultations on the basis of clinics (in the health centres) is demonstrating fairly low efficiency in Russia. The medical facilities are visited, as a rule, by those already ill, while HLS policy should be aimed at the general population, including those who are healthy. Therefore, much broader public awareness is needed of the possibility to check the basic characteristics of health status, both for adults and children. It is also necessary to optimize the equipment and functions of health centres.

3.4. Monitoring changes

Development and implementation of health promotion programmes should be based on reliable statistical sources. Regular and unified information on these issues does not exist in Russia today. Alcohol and tobacco consumption being calculated on basis of sales statistics gives quite crude estimates, as shadow consumption is not included and only average figures for all population could be achieved. Existing statistical sources give information on food consumption by aggregated product groups for the whole country and for groups of households. There are no regular microdata on food, tobacco and alcohol consumption. Official information on physical activities includes only visitors to sports complexes. All non-organized and private forms of activities remain uncounted. That is why it is crucial to introduce annual statistical monitoring of physical activities, food, alcohol and tobacco consumption based on a representative sample of the adult population of all Russian regions. Such data will create the possibility to observe the situation, to keep track of the effects of policy measures, and to estimate their costs and benefits.

Special interdisciplinary research projects should be undertaken regularly by public health specialists, sociologists, and economists to estimate applied measures and their results correctly and to provide rationale for any planned developments of health promotion policies.

Conclusions

An analysis of current health promotion policies in Russia shows that measures already in place are too cautious and insufficient. Meanwhile, human behaviour has a considerable impact upon health outcomes. Prevention policies are much more cost-effective than medical care per se. Moreover, some of the measures mentioned in this paper do not require additional spending and some of them could even yield significant financial income in the form of increased tax revenues. In the long run, the public health enhancement will lead to increasing labour resources and economic activity, as well as a reduction in medical expenses. That is why healthy lifestyle development should become a priority for public health policies of the near future.

Economic theory and international experience justify a wide range of policy measures motivating individuals towards healthy lifestyle choices. We suggest a complex approach, including policies, providing Russian population with full information about lifestyle health outcomes, creating economic incentives for healthy behaviour, and providing adequate regulation.

Our own research shows that target groups for public policies vary significantly. First of all, there are adolescents and youth. Their habits are still forming, thus giving them an easy possibility for change. In addition, young people are future workers and parents, so investing in their education and lifestyle formation is most effective from a pure economic viewpoint. It is important to increase the costs of unhealthy habits for young people and expand the supply and accessibility of various leisure activities that could substitute for unhealthy behaviour. Another target group is formed by adults who have already acquired bad habits such as excessive alcohol consumption, smoking, physical inactivity, or overeating. To break these habits, external help is needed. This implies the introduction of a range of policies helping addicted individuals to change their behaviour. However, many policies could be equally efficient for all social groups - for example, neighbourhood or workplace clubs, educational programmes, social TV advertising and so on. Special attention should be paid to poor households and families with young children to make healthy choices available for them.

Finally, the multidisciplinary nature of the healthy lifestyle concept itself requires a complex approach to policy development. Obviously, no single ministry could be responsible for healthy lifestyle as a whole. Public policy should be designed and implemented as an interagency programme involving all the interested parties including civil society institutions.

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