



Global Adult Tobacco Survey

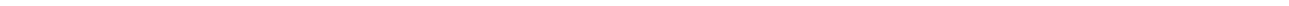
Russian Federation 2009



**GLOBAL ADULT TOBACCO SURVEY
(GATS)**

RUSSIAN FEDERATION 2009

COUNTRY REPORT



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The Global Adult Tobacco Survey (GATS) 2009 report in the Russian Federation has been completed. The system of epidemiological surveillance and assessment is an integral part of tobacco control activities. The development of this system is a responsibility of all Member States of the WHO Framework Convention on Tobacco Control, agreement to which was signed by Russia in 2008.

Tobacco consumption causes serious harm to the Russian society, creating significantly negative consequences on both public health and economic development of the country. In order to effectively control this deadly habit, data on tobacco use, as well as other indicators, are essential. The GATS 2009 report provides the information necessary to monitor tobacco consumption and other relevant indicators that in turn will help develop effective tobacco control activities and programmes in the Russian Federation.

This report is the product of long-term work by the Russian GATS team. In line with WHO methodology, in Russia this survey was conducted by the Information and publishing center «Statistics of Russia» to the Federal State Statistics Service (RosStat) and by the Pulmonary Research Institute. The survey was initially designed to produce internationally comparable data on tobacco consumption and tobacco control activities. For this purpose standardized methods were used, to develop the questionnaire, sample design, data collection and management procedures.



GATS is the first survey in the Russian Federation conducted at national level using electronic data collection tools. It is of vital importance that the survey has covered the entire country, including the most remote areas, creating a basis for future public health research in Russia. I am confident that this survey will contribute to effective monitoring and control of the tobacco epidemic saving lives that could have been lost due to tobacco consumption.

Tatiana Golikova
Minister of Health and Social Development
of the Russian Federation

With its toll of more than 5 million victims, tobacco is the leading cause of preventable deaths. Consequences of its use are easy to predict as tobacco is the only legally commercialized product that when used as intended kills its purchaser.

Despite these facts, current data on tobacco use prevalence are missing in many countries of the world, undermining the implementation and evaluation of tobacco control policies. Surveillance, monitoring and evaluation activities represent the cornerstone of any policy in any field. This is particularly true in the health sector where resources are more and more limited. Such paucity of resources urges policy-makers to prioritize those interventions which have proven to be cost-effective and scientifically sound.

This report, which includes the most up-to-date statistics in the Russian Federation with regards to tobacco use, helps us understand where we are and will help us better define the way forward on our fight against this epidemic. The report also helps the country fulfill the obligations to the WHO Framework Convention on Tobacco Control which requires that all countries have available reliable and updated information on tobacco use.

The report, which is the result of a joint collaboration of Russian Institutions and international partners among the most prestigious in the field, represents a milestone for tobacco control policies in the Russian Federation.

I hope that this publication will contribute to raising awareness at all levels of society: from top governmental level to the level of common people. I hope that results included in the report will not be confined to technical people. On the contrary, I hope that they will be widely disseminated and that can become matters of



discussion particularly among young people who are often innocent victims of state-of-the-art marketing campaigns of tobacco producers.

On the individual level, the harmful consequences of tobacco use are not immediately visible. On the community level, the consequences are dramatically tangible in the daily toll of hundreds of victims who die in the Russian Federation because of tobacco.

This report represents a watershed in tobacco control in the Russian Federation. Before its publication we could say that we did not know the extent of the problem or that data were not representative of the whole country. After its publication we are obliged to take any possible action to counteract this problem with no delay.

Dr. Luigi Migliorini
WHO Special Representative
to the Russian Federation

On behalf of the U.S. Centers for Disease Control and Prevention (CDC), I congratulate the Russian Federation in publishing its first Global Adult Tobacco Survey results. This report marks a milestone in the participation of the Russian Federation in the first global survey to track adult tobacco use and key indicators using standardized methods. This report has a potential to further improve tobacco use prevention and control efforts in the country.

Russian Federation faces a serious tobacco epidemic due to widespread smoking. Nearly 43.9 million of the nation's adults are smokers; 60.2% of men and 21.7% of women smoke. But there is promising news: the report shows that most of the adult population recognizes the dangers of tobacco use and supports some restrictions on tobacco. The vast majority of adults (90.8%) believe smoking causes serious illness and a large majority (81.0%) support smoking bans in workplaces. Additionally, a great majority of adults (82.5%) favor banning all advertising of tobacco products.

The global tobacco epidemic is predicted to kill 8 million people a year by 2030 and remains one of the biggest challenges our world faces. Addressing tobacco use in the Russian Federation will require a strong commitment to the World Health Organization's MPOWER strategies. These include monitoring tobacco use and prevention policies; protecting people from second-hand smoke; offering help to those who want to quit; warning about the dangers of tobacco; enforcing bans on tobacco advertising, promotion, and sponsorship; and raising taxes on cigarettes. These are proven strategies that can help avert unnecessary illness and death.

With the recent signing of the national tobacco control strategy "Concept of creation of a public policy



to combat tobacco consumption from 2010-2015" by Prime Minister Vladimir Putin, the country has taken bold steps to combat tobacco use and is becoming one of the world's leaders in protecting its people from the devastating impact of tobacco use. I thank the Ministry of Health and Social Development of the Russian Federation, Statistics of Russia under the Federal State Statistics Service and the Pulmonary Research Institute for their leadership in making the Global Adult Tobacco Survey a success. As one of the 14 countries participating in the survey, Russian Federation has shown a vision for saving lives and improving health.

The U.S. Centers for Disease Control and Prevention looks forward to ongoing collaboration in our mutual mission to prevent the needless toll of tobacco in our communities and all countries of the world.

Samira Asma DDS., MPH.
Chief, Global Tobacco Control Branch
Office on Smoking and Health
Centers for Disease Control and Prevention

I am proud that for the first time the Global Adult Tobacco Survey (GATS) was conducted in the Russian Federation. GATS as part of the Global Tobacco Surveillance System used international standardized methods. It collected representative data on adult tobacco use in the Russian population to discover trends and prevalence. This survey forms the base for the development of tobacco prevention and control strategies in the Russian Federation.

Combating tobacco use in the Russian Federation requires further development consistent with the World Health Organization's (WHO) Framework Convention on Tobacco Control and with the measures prescribed by the WHO in the acronym "MPOWER". "MPOWER" measures include: "M" monitoring of tobacco use and prevention policies; "P" protection of people from second-hand tobacco smoke; "O" offer to help people who have decided to quit tobacco use; "W" warnings about the dangers of tobacco to health; "E" enforce bans on tobacco advertising, promotion and sponsorship; and "R" raise taxes on tobacco.

I am thankful that the Ministry of Health and Social Development of the Russian Federation, the Pulmonary Research Institute at the Federal Medico-Biological Agency for Russia, and the information center "Statistics of Russia" successfully created a team that conducted GATS throughout the entire Russian Federation. I am sincerely grateful to the WHO and the Center for



Disease Control and Prevention for their collaboration and technical assistance.

Experts estimate that globally by 2030 the tobacco epidemic will kill 8 million people every year. I sincerely hope that this survey will contribute to the establishment of "MPOWER" tobacco control policies in Russia and that these policies will reduce deaths caused by tobacco use in Russia and around the world.

Prof. A. G. Chuchalin
Chief General Practitioner of Russia
Director of the Pulmonary Research Institute
at the Federal Medico-Biological Agency, Russia
Academician of the Russia Academy
of Medical Sciences

In 2008 the Russian Federation acceded to the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC). This is a significant step forward for tobacco control in Russia. If actions as prescribed in the FCTC are taken, the result could have a positive impact on the high mortality and morbidity of the Russian population, significantly decreasing the deaths caused by tobacco.

Tobacco consumption and smoke exposure are among the risk factors for many diseases and smoking directly causes the death of many people in the Russian Federation. Generally, people begin to smoke in their adolescent years. We are also especially concerned that smoking is becoming more popular among women in Russia. This ultimately impacts reproductive health, and the development of unborn children and small children who receive second-hand smoke from their mother.

To monitor the existing situation, in 2009, the Ministry of Health and Social Development of the Russian Federation, together with the Federal State Statistics Service (RosStat), conducted the Global Adult Tobacco Survey in the Russian Federation. I would like to express my gratitude to the WHO and the Centers for Disease Control and Prevention (CDC, USA) for their technical and financial support and also to NGO "Statistics of Russia" for conducting this survey in the regions of the Russian Federation.



Ensuring that the survey used international standardized methodology and involved the participation of leading Russian and foreign health experts resulted in high quality output and cross-country comparability. I hope that this project will be the first step for future research on tobacco consumption in the Russian Federation. I anticipate that the results of this survey will assist in establishing strong federal policy aimed at cutting tobacco consumption and developing healthy lifestyles for all of the population in the Russian Federation.

A.E. Surinov
Head of the Federal State Statistics Service,
Russian Federation

Our center, the “Statistics of Russia” Information Center, played a focal role for the 2009 Russian Federation’s Global Adult Tobacco Survey. Our work included preliminary testing, selecting and training of interviewers, creating and populating the database and organizing and conducting the survey in the fields.

Data collection for the survey used pocket computers – the first time that this has been done in the Russian Federation. The survey was conducted in 60 regions, where approximately 90% of the Russian population lives. From West to East, the borders of these 60 regions spread for 9,000 kilometers.

During the implementation of this project, our team acquired important experience on conducting global surveys using standardized, international methodology. Both the interviewers and interviewees found the focus of this survey to be interesting and memorable.

I would like to express my gratitude to our colleagues, with whom we worked in mutual cooperation, from the World Health Organization and the Centers for Disease Control and Prevention (CDC, USA), for their methodological and technical support. I would also like to mention the precise and important work of our colleagues from the local branches of the Federal State Statistics Service, who collected survey data in the

field, resulting in a very high response rate from the participants.

I hope that the results of this survey will help our country to implement effective tobacco control policies and will also allow the comparison of Russian survey results with those obtained in other countries.



Vadim Nesterov
General Director
Information Center “Statistics of Russia”

Executive Summary

The Global Adult Tobacco Survey (GATS) Russian Federation 2009 was a nationally representative household survey of men and women aged 15 and older, designed to produce internationally comparable data on tobacco use and tobacco control measures by using a standardized questionnaire, sample design, and data collection and management procedures.

The survey used a four-stage stratified cluster sampling design in order to produce key indicators for the country as a whole, as well as by residence (urban/rural) and by gender. Out of 12,000 households sampled for the survey, a total of 11,518 households were screened and 11,406 individuals aged 15 years and older were successfully interviewed, for an overall response rate of 97.7%. GATS in the Russian Federation provided information on tobacco use, cessation, secondhand smoke, economics, the media, and knowledge, attitudes and perceptions regarding tobacco use. The data for this survey were collected electronically using handheld computers (Hewlett Packard iPAQ®).

GATS was conducted by Information and Publishing Center "Statistics of Russia" under the Federal State Statistics Service (Rosstat) and the Pulmonary Research Institute (PRI), in coordination with the Ministry of Health and Social Development of the Russian Federation (MoHSD). Technical assistance was provided by the World Health Organization (WHO), JHSPH, and the United States Centers for Disease Control and Prevention (CDC).

Tobacco Use: Overall, 39.1% (43.9 million persons) of the adult population in the Russian Federation currently smoked tobacco. Among males, 60.2% (30.6 million) currently smoked and among females, 21.7% (13.3 million) currently smoked. Among females, those with higher education (26.6%) smoked significantly more than those with lower education levels (secondary 19.7%, primary 2.7%). The current smoking rate in rural areas was 35.9% (10.2 million) and in urban areas the prevalence was 40.2% (33.7 million). Among all adults, 38.8% (43.5 million) smoked cigarettes, which included manufactured cigarettes, hand-rolled cigarettes and papirosy. Thirty-eight point five percent (38.5%, 43.5 million) of all adults smoked manufactured cigarettes and 3.8% (4.2 million) used calean. Almost half of adults in the 19-24 (49.8%) and 25-44 (49.6%) age groups currently smoked tobacco. In the Russian Federation, 0.6% (0.7 million) of the adult population currently used smokeless tobacco. Prevalence was higher among males (1.0%) than among females (0.2%) and higher in urban areas (0.7%) as compared to rural areas (0.3%).

Overall, 33.8% of adults smoked on a daily basis and this prevalence was significantly different between males (55.0%) and females (16.3%). On average, a current adult cigarette smoker smoked 17 cigarettes per day; males smoked 18 cigarettes per day whereas females smoked 13 cigarettes per day. Of current tobacco users, 59.0% used tobacco (smoking and/or smokeless) within 30 minutes of waking, which indicated a high level of nicotine dependence. The average adult daily smoker started at age 18, with a two-and-a-half year difference between males (17.4 years) and females (19.9 years).

Cessation: Among those who smoked in the past 12 months, one third (32.1%) had made an attempt to quit. Among those who attempted to quit, only 11.2% were successful while 88.8% were unsuccessful. Among current smokers and recent quitters (<12 months) who had visited a health care facility in the past 12 months, 45.4% were asked about whether they smoked and 31.8% were advised to quit smoking. Among smokers who attempted to quit during the past 12 months (current smokers and recent quitters), 20.1% used pharmacotherapy, 3.5% used counseling, and 3.7% used non-medication therapy, such as reflexology or psychotherapy. More than 60% of current smokers had an interest in quitting — 14.4% were planning to quit within the next month or were thinking about quitting within the next 12 months, while 46.0% stated they would quit someday but not in the next 12 months. Females (70.7%) expressed a higher desire to quit than males (55.9%).

Secondhand Smoke: At a population level, 51.4% of all adults in the Russian Federation had been exposed to secondhand smoke (SHS) in the last 30 days in various public places, including government buildings, healthcare facilities, restaurants, bars or night clubs, cafes or cafeterias, public transportation, schools, colleges or universities, and private workplaces. A higher percentage of males (54.9%) were exposed to SHS in public places than females (48.4%).

Among adults who had visited public places in the past 30 days, 17.0% were exposed to SHS in government buildings, 10.2% in healthcare facilities, 78.6% in restaurants, 90.5% in bars or night clubs, 49.9% in cafes or cafeterias, 24.9% on public transportation, 11.1% in schools, 29.8% at colleges or universities, and 19.7% at private workplaces.

Among employed persons who worked in indoor areas, 34.9% (21.9 million) were exposed to SHS at the workplace, and among non-smokers who worked indoors, 26.9% (9.8 million) were exposed to SHS at their workplaces. Similarly, 34.7% (38.7 million) of all adults were exposed to tobacco smoke at home at least monthly and among non-smokers, 21.5% (14.6 million) were exposed.

Economics: Among smokers of manufactured cigarettes, 66.8% purchased their cigarettes from a store and 16.6% purchased them from a tobacco kiosk. Average cigarette expenditure among manufactured cigarette smokers was 567.6 rubles per month, with nearly a 100-ruble difference between urban (590.7 rubles per month) and rural (491.5 rubles) smokers. Even though rural smokers smoked more manufactured cigarettes per day, on average, than urban smokers, their expenditure was less because they used less expensive brands than urban smokers. The average cigarette expenditure was 607.7 rubles per month among males and 473.3 rubles among females. Manufactured cigarette smokers spent on average 24.8 rubles for a pack of 20 cigarettes.

Media: Nearly 7 in 10 adults (68.1%) had noticed anti-cigarette smoking information in the last 30 days, mostly on television (38.6%) and in newspapers or magazines (33.7%). Similar to anti-cigarette smoking information, nearly 7 in 10 adults (68.0%) had noticed cigarette advertisements,

sponsorships or promotions in the last 30 days. More than 4 in 10 reported that they had been exposed to cigarette marketing in stores (43.6 %), followed by newspapers or magazines (33.3 %). Almost 2 in 10 adults (19.2 %) had been exposed to anti-smokeless tobacco information, whereas 6.8 % of adults were exposed to smokeless tobacco advertising, sponsorship or promotions. Among current smokers, 94.2 % noticed health warnings on cigarette packages and 31.7 % thought about quitting smoking because of those warnings.

Knowledge, Attitude and Beliefs: Overall, 90.8 % of adults believed that smoking caused serious illness. However, their beliefs differed as to the causation of various diseases. A high proportion believed that smoking caused lung cancer (91.2 %), while fewer believed it caused bronchitis (76.8 %), heart attack (71.0 %), stroke (67.3 %) and stomach ulcers (63.4 %). Eighty-one point nine percent (81.9 %) of adults in the Russian Federation believed that exposure to secondhand smoke caused serious illness in non smokers. More than 9 in 10 adults (93.9 %) believed that smoking was addictive. Among those who believed smoking caused serious illness, 22.4 % believed that certain types of cigarettes could be less harmful than others. The rates of those who believed smoking should be prohibited in public places varied by site: workplaces (81.0 %), colleges/universities (87.5 %), schools (99.0 %), healthcare facilities (95.2 %), restaurants (59.1 %), bars (48.9 %) and cafes/cafeterias (77.0 %). More than 4 in 10 adults (44.1 %) favored increasing taxes on tobacco products, which varied significantly by gender (males 33.7 %, females 52.7 %) and smoking status (current smokers 18.2 %, non-smokers 60.7 %). Similarly, more than 8 in 10 adults (82.5 %) favored prohibiting all advertisements of tobacco products, which also varied by gender (male 77.0%, female 87.2%) and smoking status (current smokers 73.1%, non-smokers 88.6%).

Policy implications: GATS provided critical information on key indicators of tobacco control by socio-demographic characteristics, and created an opportunity for policy makers and the tobacco control community at different levels to develop and implement the “Concept on implementing state policy on combating tobacco for 2010-2015”. Overall, findings from GATS Russian Federation 2009 indicated there was a positive environment for tobacco control. Based on these findings, the specific recommendations were:

1. Taking into consideration smoking prevalence estimates in the Russian Federation, the “Concept on implementing state policy on combating tobacco for 2010-2015” (further on “Concept”) was developed and approved and is to be carried out based on the WHO FCTC and MPOWER policy package.
2. Continue working on tobacco control awareness programs where all subpopulations have equal access to the activities and information. Public health policy and interventions should cover all types of tobacco products. Periodic monitoring of tobacco use through standard surveys like GATS should be continued and integrated into tobacco control action plans and existing health systems to implement the Concept and the WHO FCTC.
3. Build capacity for programs among healthcare providers and expand cessation services in the national health program of the Russian Federation. Strengthen the national health system to provide smoking cessation services in primary healthcare facilities. Introduce evidence-based smoking cessation approaches and interventions.
4. Formulate a 100% smoke-free policy for all public places and workplaces to meet the expectations of citizens of the Russian Federation and follow through with effective implementation.
5. Gradually raise taxes on all types of tobacco products, given the high prevalence of smoking and the low price of tobacco products compared to increases in income.
6. Amend the national tobacco control act to include smokeless tobacco under the purview of tobacco control, on a par with all smoking tobacco products with the purpose to prevent the use smokeless tobacco and any other new tobacco and nicotine products.
7. Continue working with mass media on effective anti-smoking media messages that target specific demographic groups. Further develop the health warnings on tobacco products, as health warnings are one of the most effective methods for encouraging smokers to quit.
8. Decrease the number and regulate the type of venues where cigarettes can be sold. Gradually prohibit tobacco advertising at points of sale, as a high percentage of cigarette smokers notice cigarette advertisements where they purchase them.

1. Introduction

Tobacco use is a major preventable cause of premature death and disease, presently causing over 5 million deaths each year and expected to cause over 8 million deaths annually by 2030. Unless current trends are changed, the vast majority of these deaths are projected to occur in the developing world. An efficient and systematic surveillance mechanism to monitor the epidemic is one of the essential components of a comprehensive tobacco control program.

The World Health Organization (WHO)–Tobacco Free Initiative (TFI) aims to reduce the global burden of disease and death caused by tobacco, thereby protecting present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke. This will be accomplished by providing global policy leadership, promoting the Concept, the WHO Framework Convention on Tobacco Control (FCTC) and the MPOWER package of tobacco policies as a key entry point to the FCTC. The FCTC encourages countries to adhere to its principles, and the TFI Program supports countries in their efforts to implement tobacco control measures through MPOWER^{2,3}.

In August 2006, WHO and the United States Centers for Disease Control and Prevention convened an expert consultation to discuss surveillance of adult tobacco use and make recommendations for the development of a standard survey protocol. The expert consultation also recognized the challenges of limited funding and methodological complexities when conducting systematic adult tobacco use surveys and identified a lack of comparability of ongoing national surveys.

The Global Initiative to Reduce Tobacco Use offers resources to fill the data gap for measuring adult tobacco use globally and to optimize the reach and results of the ongoing Global Tobacco Surveillance System (GTSS), which originally comprised three school-based surveys for youth and selected adult populations: the Global Youth Tobacco Survey (GYTS), the Global School Personnel Survey (GSPS), and the Global Health Professions Students Survey (GHPSS⁴).

The Global Adult Tobacco Survey (GATS) is a household survey that was launched in February 2007 as a new component of the ongoing GTSS⁵. The GATS will enable countries to collect data on key tobacco control measures for the entire adult population. Results from the GATS will assist countries in the formulation, tracking and implementation of effective tobacco control interventions, and countries will be able to compare results of their surveys with results from other countries implementing GATS.

The GATS is being implemented initially in 14 countries where more than half of the world's smokers live and that bear the highest burden of tobacco use: Bangladesh, Brazil, China, Egypt, India, Mexico, Philippines, Poland, Russian Federation, Thailand, Turkey, Ukraine, Uruguay and Vietnam.

World Health Organization with the support of partner organizations (The CDC, CDC Foundation, JHSPH and RTI International), and countries throughout the world work together to implement GATS.

1.1 Burden of Tobacco in the Russian Federation

The Russian Federation (Russia) is located in Eurasia (the eastern part of Europe and northern part of Asia) and occupies 17,075,400 km² or 11.46% of the populated land on Earth. Russia is bordered by the Pacific and Arctic oceans, by the Baltic, Black and Azov seas of the Atlantic Ocean, and by the Caspian Sea. There are three levels of administration in the Russian Federation: federal, regional (subjects), and local (municipalities). Currently, the Russian Federation consists of 83 regions and eight federal districts. The population of Russia is approximately 142 million, with 79.3% residing in the European part and 20.7% in the Asian part. The majority (73.1%) live in cities⁶. The Russian Federation has one of the highest prevalence rates of tobacco use in the world.

1.1.1 Prevalence of Tobacco Smoking and Smokeless Tobacco Use

Data from the 2008 WHO report on the Global Tobacco Epidemic showed that the prevalence rate of tobacco smoking was 60.4% for Russian males (over 18 years old), 15.5% for females (over 18), 30.1% for boys (13-15), and 24.4% for girls (13-15)². The most popular tobacco products in the Russian Federation were cigarettes (filter-tipped) and non-filter cigarettes (papirosy). Smoking pipes, cigars, and cigarillos were less popular. Calan (water pipe), chewing tobacco, snuff, and oral tobacco had entered the market in recent years, but their usage was still insignificant.

1.1.2 Tobacco Consumption Patterns and Trends

Tobacco use prevalence among males has remained very high in the Russian Federation for the last 50 years⁷. According to the Russia Longitudinal Monitoring Survey, the prevalence of tobacco smoking among males in the mid 1980s was 46-48%, in the mid 1990s it was 50-55%, and in the beginning of the 2000s it was 60-65%. According to epidemiological surveys in different regions of Russia, the prevalence of tobacco smoking among males varied from 53% to over 80%. Surveys also showed that prevalence rates corresponded with level of education. In Moscow, the prevalence of active smoking among working men with higher education was 48.5%, and among men without specialized education it was 64.7%⁷.

Prevalence of tobacco smoking among females was low in the Russian Federation for many years, but it has begun to rise noticeably in last 15 years⁷. According to the Russia Longitudinal Monitoring Survey, the prevalence of tobacco smoking among females in the mid 1980s was less than 5%, in the mid 1990s it was 12%, and by the beginning of 2000s it was over 20%. According to representative epidemiological surveys in different regions of Russia, prevalence rates of tobacco smoking among females varied from 13% to 37%. Surveys also showed that prevalence rates corresponded with level of education. In

1. Introduction

Moscow, the prevalence rate of active smoking was 33.7 % among working women with higher education, and 50 % among women without specialized education⁷.

The Global Health Professional Survey conducted in the Russian Federation in 2006 showed that among third-year medical students (ages 19–20) from therapeutic faculties, 47 % of men and 36 % of women smoked⁸.

1.1.3 Economic Impact of Tobacco Use

According to the World Bank, data obtained from a 2003 analysis of two regions (Chuvash Republic (an agricultural region) and Kemerovo Region (an industrial region)) and extrapolated to the national level estimated state and non-state expenses of public health services for treating diseases associated with tobacco use as follows:

- For cardiovascular system diseases (hypertension, coronary heart disease, cerebrovascular pathology) — 83 billion rubles or 20.8 % of aggregated expenses of public health services.
- For respiratory diseases (acute higher respiratory infections, pneumonia, chronic lower respiratory diseases) — 42 billion rubles or 13.1 % of aggregated expenses of public health services.

In 2003, tobacco tax proceeds amounted to 20.3 billion rubles. As can be seen, collected taxes did not cover public health service expenses for treating diseases caused by tobacco smoking⁹.

1.1.4 Health Impact of Tobacco Use

Tobacco smoking is the third most significant risk factor for noninfectious diseases in the Russian Federation. It is the main risk factor for chronic obstructive lung disease, and new patients with this diagnosis are registered every year. Progressive growth in their number over the years is one marker of the growing negative influence of tobacco smoking on the Russian population. According to the Ministry of Health Care and Social Development's official statistics, this rate, in contrast to the all-disease morbidity rate, shows a steady annual rise of at least 10%¹⁰.

According to epidemiological surveys conducted by the Scientific Research Institute of Preventive Medicine, the contribution of tobacco smoking to crude mortality rates amounts to 30% in men and 4% in women; for cardiovascular diseases it amounts to 2.1% in men and 3% in women, and for malignant neoplasms, 52.1% in men and 5.2% in women¹¹. The risk of premature death from coronary heart disease among smoking males aged 40–59 and females aged 30–69 is three times higher than among non-smokers. The yearly number of deaths associated with tobacco smoking in the Russian Federation amounts to 400,000¹¹.

1.2 Current Tobacco Control Policies in the Russian Federation

The Russian Federation joined the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2008 and appeared as an official party of the Conference of the Parties on June 3 of 2008¹². The National Coordination Council on Tobacco Control at the Ministry of Health Care and Social

Development was established in 2008. This Council approved the Concept adopted in 2010.

Two main federal tobacco control acts are presently in effect in the Russian Federation: the “Limitation of Tobacco Smoking” Act and the “Technical Regulations for Tobacco Products” Act. Tobacco advertising is regulated by the federal “Advertising” Act and the “Physical Culture and Sports in the Russian Federation” Act, and tax rates for tobacco products are settled by the Tax Code. Administrative responsibility for violation of law is settled by Administrative Offences Code of the Russian Federation.

The government of the Russian Federation based on a corresponding regulation appointed the Ministry of Health and Social Development responsible for coordinating and carrying out activities on implementing FCTC.

The government of the Russian Federation developed several campaigns for 2009–2012 designed to create healthier lifestyles, which included reducing alcohol and tobacco consumption. This program, adopted in 2009, arranges for help in quitting smoking and communicates anti-smoking information.

The WHO Framework Convention on Tobacco Control and MPOWER package defines the following as the most effective measures against tobacco smoking prevalence: price and taxation measures; population protection from tobacco smoke; full information for consumers on the influence of tobacco on health, including public informational and teaching campaigns, engaging mass media and scientific publications; total prohibition of advertising and promotion of all types of tobacco products, using tobacco brands and logos in sponsorship; inserting large direct and unequivocal health warnings on every cigarette package and the wrapping of other tobacco products; and arranging effective medical help in smoking cessation, including medication therapy for nicotine addiction.

Price and Taxation Measures: Significant amendments were made in the Tax Code of the Russian Federation in 2008, defining rates of excise duty and the annual indexation for tobacco products. In 2009, excise tax rates for filter-tipped cigarettes were 150.00 rubles for 1000 units plus 6 % of estimated cost, which was calculated from the maximum retail price and set at a minimum of 177.00 rubles for 1000 pieces¹³. Annual indexation of excise rates for filter-tipped cigarettes was fixed, starting from 2010 at 20 % of the previous year, and for non-filter cigarettes (papirosy) at 28 % of the previous year. In the meantime, excise rate indexation for pipe tobacco, smoking tobacco, chewing tobacco, dipping tobacco, snuff, water pipe tobacco and cigars was only set for 2011, at 10 % of 2010. From January 2009 to January 2010, the price index for tobacco products was 119.2 %. In spite of increasing excise taxes, cigarettes prices are still very low¹³.

Population Protection from Tobacco Smoke: In accordance with federal law, tobacco smoking is prohibited at workplaces, on urban and suburban public transportation, on air flights less than three hours long, in indoor sports facilities, health care facilities, and cultural facilities, on the premises of educational institutions, and in rooms occupied by governmental authorities, except for specifically designated areas. Requirements for designated smoking areas are not yet clearly specified.

Providing Consumers with Information on Influence of Tobacco on Health: Regular anti-smoking programs, including promotional videos and broadcasts on the harmful consequences of tobacco consumption, started being broadcast on television

and radio in September 2009 under the government plan to create healthier lifestyles, thus establishing a portal for issues related to tobacco consumption. An informational phone line on tobacco and healthy eating was started in November 2009; 94 % of incoming calls are questions related to tobacco use.

Total Prohibition of Advertising and Promotion of all Types of Tobacco Products: Advertising of tobacco, tobacco products and smoking accessories should not target minors, promote smoking and its appeal, or criticize smoking cessation. Advertising materials should not be placed on television and radio broadcasts; at cinemas and video shows; in print media; in audio and video productions targeting minors; in streets or on buildings; 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. Promotional activities with free distribution of tobacco samples are prohibited in places where selling tobacco is not allowed.

Adoption of Large Direct and Unequivocal Health Warnings: According to the technical regulations for tobacco products that came into effect at the end of 2009, health warning messages about the harmful consequences of consuming tobacco products must be placed on consumer packaging of tobacco products: one main warning saying “Smoking kills” and one additional warning from a specific list. The main warning has to be on one large side (front face) of the cigarette package and should cover 30% of that side. The other warning

note has to be placed on the other large side and should cover at least 50% of that side. Notes are outlined in a black frame.

Organizing Effective Medical Help in Smoking Cessation: Government programs to create healthier lifestyles included establishing Centers on Healthy Lifestyles that render aid in quitting smoking. Five hundred and two (502) such centers were established in different regions of the Russian Federation in 2009. Till the end of 2010 193 more such centers will start working.

1.3 Survey Objectives

The general objectives of the GATS are to:

- Systematically monitor adult tobacco use (smoking and smokeless) and track key tobacco control indicators in a nationally representative sample of the Russian Federation population.
- Provide a foundation for further adaptation and reinforcement of effective FCTC measures in the campaign against tobacco use in the Russian Federation.

More specifically, GATS in the Russian Federation will support the implementation of the Concept, and reveal the specifics of tobacco use prevalence, knowledge and attitudes of different demographic groups in order to improve the efficiency of informational and educational campaigns and help people quit smoking

2. Methodology

The Global Adult Tobacco Survey (GATS) is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators. GATS Russian Federation is a nationally representative survey, using the protocol that is consistent and standard across all countries. The data will assist countries to track the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) implementation and technical components of the WHO MPOWER package.

2.1 Study Population

The target population for this survey included all men and women in the Russian Federation aged 15 and older. This target population included all people who consider Russia to be their primary place of residence even though they may not be considered citizens. The only adults excluded from the study were individuals visiting Russia (e.g. tourists), those who indicated their primary place of residence was a military base or group quarters (e.g. a dormitory), and those who were institutionalized. Eligible respondents could withdraw from the study at any time and had the right to refuse to answer any question without providing a reason. The GATS Russian Federation was conducted in 60 out of 83 regions (constituent political entities of the Russian Federation). The remaining 23 regions were determined to be unsafe or inaccessible and thus excluded from the survey. The total coverage rate was 91.1 % of the total population (see **Appendix A** for details).

2.2 Sampling Design

The sampling frame used for the GATS Russian Federation design (see **Appendix A** for details) was the updated 2008 *Annual Sample File* (ASF, 2008), which was created on the basis of the 2002 Russian Population Census (RPC, 2002) and accounted for structural and administrative changes that had occurred after 2002. The master sample file consisted of 4,788 Primary Sampling Units (PSUs) selected using systematic probability proportional to size (PPS) by region, separately for urban and rural populations, out of which 4,048 PSUs were from the 60 selected regions. These master sample PSUs were allocated into 356 specially constructed Territorial Segments (TS). The survey was based on a four-stage stratified cluster sample of households. In the first stage, 282 territorial segments (147 urban and 135 rural) were selected with probability proportional to size (PPS), followed in the second stage by a systematic selection of 600 enumeration blocks (EBs) (318 urban and 282 rural) from those TSs selected during the first stage. In the third stage, 20 households were selected systematically from each selected enumeration block. In the last stage, one respondent from each selected eligible household was randomly selected to participate in the individual interviews.

Following the standard protocol and recommendations outlined in the GATS Sample Design Manual¹, the initial target was a representative sample of 8,000 non-institutionalized

households, subject to applicable non-response and eligibility rates (a target sample of 2,000 households each in urban, rural, male and female subgroups). After accounting for possible nonresponse and ineligibility, it was determined to select an average of 20 households (later randomized to produce equal male and female households based on design specifications) per selected enumeration block resulting in a total sample size of 12,000 non-institutionalized households from all 60 administrative regions. The Russian Federation sample design provides cross-sectional estimates for the country as a whole, as well as by urbanicity and by gender.

2.3 Survey Questionnaire

The GATS in the Russian Federation collected information on a variety of indicators that will assist in monitoring tobacco use prevalence and aid policy-makers and program managers in using available data to track, strengthen and formulate tobacco control strategies at the country level.

GATS Russian Federation administered a household questionnaire and an individual questionnaire. The household and individual questionnaires (see **Appendix E** for details) were based on the GATS Core Questionnaire with Optional Questions¹⁴, which was designed for use in countries implementing GATS. In consultation with the Pulmonary Research Institute, the United States Centers for Disease Control (CDC), JHSPH, and the WHO Russian Federation Country Office, these questionnaires were adapted and modified to reflect issues relevant and applicable to the country situation. The adapted questionnaire was approved by an in-country technical committee under the coordination of the Ministry of Health and Social Development of the Russian Federation (MoHSD) and the global GATS Questionnaire Review Committee (QRC). The questionnaire was developed in English and later translated into Russian. It was also back-translated to ensure the accuracy and quality of translation. The questionnaire was finalized in March 2009 after incorporating the lessons learned from a small pretest conducted in December 2008. Informed consent was included separately for both household and individual questionnaires.

Household Questionnaire: The purpose of the household questionnaire was to collect information on all adult residents (either males or females based on sampling strategy) in the household in order to randomly select an eligible respondent to complete the individual questionnaire. For each of the listed adult (15 and older) residents of the household, information on age, date of birth (if applicable), gender and smoking status was collected.

Individual Questionnaire: The purpose of the individual questionnaire was to collect information from the randomly selected eligible males or females age 15 and older. The individual questionnaire consisted of the following eight sections:

A. *Background Characteristics:* Questions on gender, age, race/nationality, religious background, marital status,

education, occupational status and possession of household items and materials.

- B. *Tobacco Smoking*: Questions covering patterns of use (daily consumption, less than daily consumption, not at all), former/past tobacco consumption, age of initiation of daily smoking, consumption of different tobacco products (cigarettes, cigars, cheroots, cigarillos, cardboard tube-tipped cigarettes, pipe tobacco and calean), nicotine dependence and quitting advice/attempts.
- C. *Smokeless Tobacco*: Questions covering patterns of use (daily consumption, less than daily consumption, not at all), former/past use of smokeless tobacco, age of initiation of daily use of smokeless tobacco, consumption of different smokeless tobacco products (snus, snuffing tobacco and chewing tobacco), nicotine dependence, and quitting advice/attempts.
- D. *Cessation*: Questions related to advice to quit smoking by healthcare providers, and methods used to try to stop smoking. Similar information was solicited for cessation on smokeless tobacco.
- E. *Secondhand Smoke*: Questions about rules of smoking in the home, exposure to secondhand smoke at home, indoor smoking policy at the work place, and exposure in the last 30 days in public places (the work place, government buildings/offices, healthcare facilities, restaurants, bars/night clubs, cafes/caferias, public transportation, schools, colleges/universities, and private workplaces), as well as knowledge about serious illness in non-smokers due to secondhand smoke.
- F. *Economics*: Questions covering the most recent purchase of cigarettes, including quantity bought, cost, brand, source of purchase and type (filter/filterless and light/mild/low tar).
- G. *Media*: Questions on exposure to anti-tobacco advertising and information in the following locations: newspapers/magazines, television, radio, billboards, public transportation, stores and others; reaction to health warning labels on cigarette packages and smokeless tobacco products; exposure to tobacco industry advertising and promotion by tobacco type in the following locations: stores, television, radio, billboards, newspapers/magazines, Internet and others. The reference period for the questions in this section was 30 days.
- H. *Knowledge, Attitudes, and Beliefs*: Questions regarding knowledge about health effects of both smoking and smokeless tobacco. Questions covering attitudes on smoke-free laws, increases in taxes on tobacco products and prohibitions on advertising of tobacco products.

2.4 Questionnaire Programming and Preparation of Handheld Computers

GATS was the first survey ever conducted in the Russian Federation that used electronic means of data collection for both the household and individual questionnaire. General Survey System (GSS) software, developed by RTI International, was used for this purpose. GSS software includes a variety of software tools developed to facilitate the design, administration, collection, and management of survey data on handheld

computers, specifically a Microsoft Windows-based platform running Windows Mobile 5.0 or Mobile 6.0, often called Pocket PC systems. The software system is designed to support field data collection activities where Field Interviewers collect data using handheld computers. The systems have been developed and tested using the Hewlett Packard (HP) iPAQ Pocket PC (Model: iPAQ hx2490c) and these were used for data collection. (Refer to the manuals on GSS¹⁵ and Data Management and Implementation guidelines¹⁶ for more details.) The electronic data collection was useful to facilitate the complex skip patterns used in the GATS Russian Federation questionnaire, as well as some built-in validity checks during data collection.

Programming was mainly supported by RTI International and WHO. The programming of the questionnaire using GSS was carried out in collaboration with in-country IT personal involved in GATS Russian Federation. Repeated quality control mechanisms were used to test the quality of questionnaire programming following the GATS Programmer's Guide to General Survey System manual¹⁵. The main steps involved in quality control checks were: version control/verification for household and individual questionnaires, date and time verification, verification of skip patterns, and validation checks. The entire process, including questionnaire administration, data collection using handheld machines, and data management and aggregation (preparing a raw data for analysis), was pretested.

Handheld programming was finalized and the final questionnaire for data collection was uploaded to handhelds by in-country IT personnel and WHO IT personnel in March-April 2009. The electronic case file (used for identifying the selected household addresses) was finalized in May 2009 and uploaded to handhelds in two phases to facilitate the fieldwork — half of the households in the first phase in June 2009 and the remaining in the second phase in August 2009. (Refer to the GATS Quality Assurance: Guidelines and Documentation¹⁷ for more details on case file management and a complete listing of quality control measures adopted in GATS.)

2.5 Recruitment, Training and Fieldwork

2.5.1 Implementing Agencies

In accordance with the Letter of Agreement between the GATS Partners and the Russian Federation, signed on 8 October 2008 by the Ministry of Health and Social Development of the Russian Federation (MoHSD), the Special WHO representative in the Russian Federation, CDC, and the CDC Foundation, MoHSD selected an organization on collecting the data for preliminary testing and major GATS survey — Federal State Statistics Service (Rosstat). The selection of this organization was based on the criteria presented in "Guidelines on selecting an organization for data collection in GATS". Rosstat expressed interest and willingness to participate in the survey, and recommended an NGO Information and Publishing Center "Statistics of Russia" for organizing and implementing field work in GATS survey on the territory of the Russian Federation.

The MoHSD was the leading national coordinating agency for GATS in the Russian Federation and was responsible for

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overall coordination and management of the survey. Statistics of Russia was appointed as the main implementing agency responsible for the entire GATS process, including conducting the pretest, selection and training of interviewers, full survey implementation, and production of tables and progress reports. The Pulmonary Research Institute (PRI) was responsible for adaptation and finalization of the questionnaire, participation in the pretest and training as an expert resource in tobacco control, and preparation of the country report.

WHO provided regional and in-country coordination and the CDC, a WHO Collaborating Center on Global Tobacco Surveillance, provided technical assistance for the implementation of the survey. MoHSD also established a national advisory committee, consisting of experts and senior representatives from MoHSD and PRI, to monitor and provide technical guidance related to implementation of the survey. (Refer to **Appendix D** for details on the technical committee and all personnel involved in survey implementation.)

2.5.2 Pretest

Statistics of Russia pre-tested the questionnaire in the Rostov region of the Russian Federation with close cooperation from CDC and WHO experts, especially in terms of wording and comprehensibility, inconsistencies in skip patterns, sequencing of questions, completeness of response categories, work load, interview time, availability and call backs, and other issues. Another important objective of the pretest was to test the handheld data collection, assess problems in the process of data transfer and aggregation, and develop a data management system for the full survey implementation of GATS Russian Federation. Pretest training took place during 1-11 December 2008, with the first five days (1-5 December) spent training IT specialists in Moscow, followed by training of interviewers and supervisors during 8-11 December 2008 in Rostov. The last day was devoted to training field supervisors. Professional statisticians from the Rostov Territorial Statistical Office and Orlovsk district were appointed as supervisors and interviewers for the GATS Russian Federation pretest. Twelve people were trained (10 interviewers and 2 supervisors). Training was based on standard GATS manuals and procedures, including class presentation, mock interviews, field practices and tests. Pretest fieldwork lasted for five days during 12–16 December 2008. Fieldwork was conducted using a sample of 102 households equally distributed by gender, urban/rural, and smoking status, and with individuals from different age groups.

2.5.3 Training

In order to maintain uniform survey procedures and follow standard protocols established in GATS, three manuals were developed. The GATS Field Interviewer Manual¹⁸ consisted of instructions for interviewers regarding interviewing techniques, field procedures, methods of asking questions and the use of handheld devices for data collection. The GATS Field Supervisor Manual¹⁹ contained a detailed description of supervisors' roles and responsibilities, as well as information on data aggregation and transfer procedures. The GATS Question by Question Specifications manual²⁰ provided question-by-question instructions to the field interviewers for administering the GATS household and individual questionnaires using the handheld computers. This also had information on range checks, response options, and purpose and instructions for each

survey question. All the manuals were first developed in English and translated into Russian.

When conducting a statistical survey, Statistics of Russia cooperates closely with all territorial statistical offices in each region. The GATS Russian Federation was to be carried out in 60 regions (republics, krais, oblast) of the Russian Federation, and supervisors appointed by the Rosstat territorial statistical offices recruited the field interviewers.

A total of 447 field interviewers and 80 field supervisors were selected to participate in the fieldwork. Each interviewer was designated to visit and carry out interviews in 20 to 40 households, which varied by region depending on the location of PSU. Since there were 240 iPAQs available, training workshops were conducted in the WHO Moscow office in two phases, in accordance with the standard protocol, during 29 June – 3 July 2009 and 17–21 August 2009. After the training workshops, all supervisors were given their lists of households and iPAQs with imported household codes for each interviewer, all the equipment needed for the training of interviewers, and the schedule for sending interviewer-level data to supervisors. Supervisors trained local interviewers at the territorial statistical offices during 6–9 July 2009 for the first phase and during 24–29 August 2009 for the second phase of fieldwork. Training included lectures on the contents of the questionnaire and how to complete the questionnaires using handheld devices, mock interviews between participants, and field practice interviews. Special lectures addressed tobacco use and the tobacco control situation in the Russian Federation.

2.5.4 Fieldwork

GATS Russian Federation data were collected by 80 interviewing teams. Each team consisted of one field supervisor and five field interviewers. There were two IT personnel to assist with data collection. All the interviewers and supervisors were full-time employees of the respective regional statistical offices with prior experience in survey fieldwork and computer skills. Field operations took place in two phases over a period of five weeks for each phase of fieldwork. The first stage of data collection was conducted from 29 June to July 31 2009 in 31 regions of the Central, North-West and South Federal Districts and the second stage of fieldwork was conducted from 17 August to 18 September 2009 in 29 regions of the Povolzhskiy, Uralskiy, Sibirskiy and Far-Eastern Federal Districts.

All interviewers were supplied with their respective documentation, instructions and equipment. Schedules of data transmission from interviewers to supervisors were prepared for each region. Many Rosstat Territorial statistical offices announced the GATS implementation on their respective websites. To ensure safety and an effective work environment for interviewers, particularly in rural areas, special letters were sent to heads of local rural administrations. In some regions, informational letters were sent to the heads of local offices of the Ministry of the Interior, including information on addresses of households selected for the survey. Phone numbers of Rosstat territorial statistical offices were put on the interviewers' badges so that local authorities could be contacted for more information.

Field interviewers were responsible for collecting information on questionnaires using handheld devices. Field supervisors were responsible for the overall operation of the field team. In addition, the field supervisors conducted spot

checks to verify information collected by interviewers and ensure the accuracy of household identification in the field. Field supervisors were also responsible for aggregating the interviewer-level data to their laptops and forwarding the information to the central office through a secure system for data processing at the national level through established Rosstat channels. IT personnel were responsible for providing technical support with respect to concerns raised during fieldwork and troubleshooting any issues with handheld devices. Field-level data were quickly aggregated on a daily basis and analyzed using micro computers to identify certain types of data collection errors, skip patterns and consistency checks. Field-level feedback forms were analyzed and the information was provided back to interviewers and supervisors to improve performance .

The following quality control techniques were implemented: randomly visiting selected households after the interview was performed; obtaining information on the interview from the household members by phone; and random checking of about 8 to 10 percent of the total number of interviewed households.

2.6 Data Processing and Aggregation

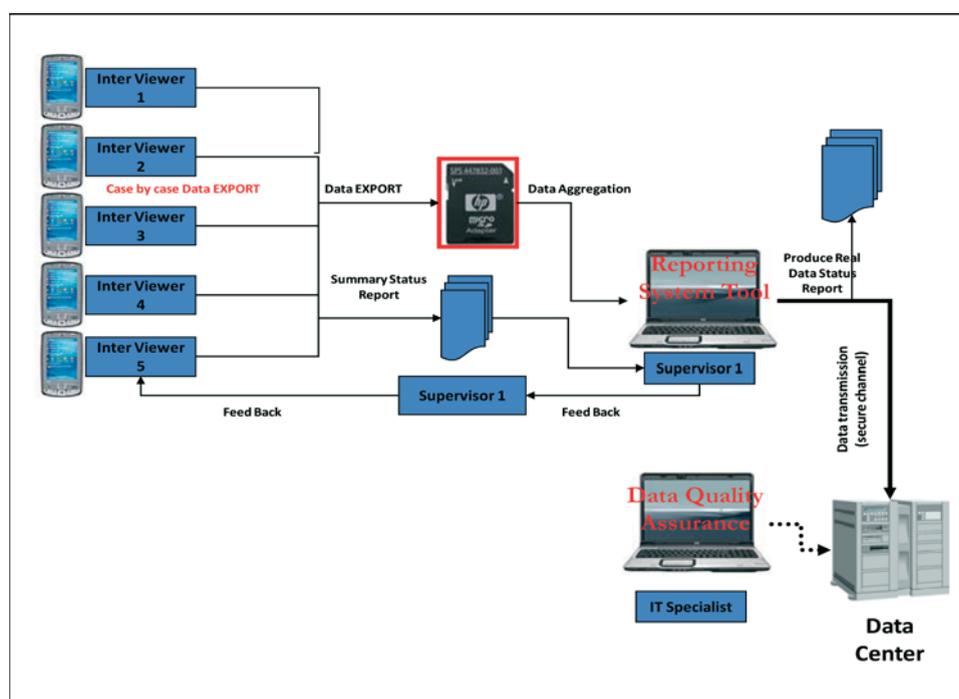
Figure 2–1 provides an overview of the data management model used in the Russian Federation for GATS. All the data from interviews were aggregated by field supervisors on a daily basis, using SD cards specially designed with secure data protocols for GATS fieldwork data collection. Each supervisor

transferred the data to a laptop and forwarded the supervisory-level aggregated files (five interviewers' data per day) to the central office through established secure Rosstat channels. In-county IT personnel aggregated the data received from all supervisors every other day and sent feedback to the field if problems arose. IT personnel, with the support from CDC, WHO and RTI, merged and aggregated all the files to a single SDF file. Using an aggregation module in GSS and SPSS version 17, the aggregated data were transposed to an analyzable raw data format that could be read using any statistical software available for further analysis and reporting.

2.7 Statistical Analysis

Complex survey data analysis was performed to obtain population estimates and their 95 % confidence intervals (asymmetric confidence intervals). Sample weights were developed for each respondent following the standard procedures established in the GATS Sample Design¹ and Sample Weights²¹ manuals. Details on the sample weighting process are described in Appendix A. The final weights were used in all analyses to produce population estimates and their confidence intervals. All weighting computations were carried out using SAS 9.2 and all computations of estimates and their confidence intervals were performed using the complex sample module of SPSS 17.

Figure 2–1: Data management implementation design — GATS Russian Federation 2009.



3. Sample and Population Characteristics

This chapter presents information on sample coverage and characteristics of the population. The population estimates were based on the updated population totals of the Russian Federation using current statistics available from Rosstat as of January 1, 2009. This took into account all structural and administrative changes that occurred after the 2002 Russian Population Census by the Federal State Statistics Service (Rosstat), in order to present a true value of population characteristics at any given time.

3.1 Coverage of the Sample

Table 3.1 shows the un-weighted number and percentage of households and persons interviewed and response rates by residence for GATS Russian Federation. Of the 12,000 households selected for the survey, 11,518 (96.0 %) households and 11,406 (99.0 %) sampled persons successfully completed the interviews. The total survey response rate was 97.7 %, slightly higher in rural areas (98.6 %) than in urban areas (96.9 %).

Table 3.1: Number and percent of households and persons interviewed and response rates by residence (unweighted) — GATS Russian Federation, 2009.

	Residence				Total	
	Urban		Rural		Number	Percent
	Number	Percent	Number	Percent		
<i>Selected Household</i>						
Completed (HC)	6,055	95.2	5,463	96.9	11,518	96.0
Completed — No one eligible (HCNE)	146	2.3	93	1.6	239	2.0
Incomplete (HINC)	9	0.1	2	0.0	11	0.1
No screening respondent (HNS)	6	0.1	2	0.0	8	0.1
Refused (HR)	63	1.0	20	0.4	83	0.7
Unoccupied (HUO)	29	0.5	47	0.8	76	0.6
Address not a dwelling (HAND)	1	0.0	3	0.1	4	0.0
Other ¹ (HO)	51	0.8	10	0.2	61	0.5
Total Households Selected	6,360	100.0	5,640	100.0	12,000	100.0
<i>Household Response Rate (HRR) (%)²</i>	98.0 %		99.4 %		98.6 %	
<i>Selected Person</i>						
Completed (PC)	5,989	98.9	5,417	99.2	11,406	99.0
Incomplete (PINC)	9	0.1	12	0.2	21	0.2
Not eligible (PNE)	1	0.0	4	0.1	5	0.0
Refused (PR)	40	0.7	17	0.3	57	0.5
Incapacitated (PI)	7	0.1	2	0.0	9	0.1
Other ¹ (PO)	9	0.1	11	0.2	20	0.2
Total Number of Sampled Persons	6,055	100.0	5,463	100.0	11,518	100.0
<i>Person-level Response Rate (PRR) (%)³</i>	98.9 %		99.2 %		99.1 %	
<i>Total Response Rate (TRR) (%)⁴</i>	96.9 %		98.6 %		97.7 %	

¹ Other includes Nobody Home and any other result code not listed.

² Calculate Household Response Rate (HRR) by:

$$\frac{(HC + HCNE) * 100}{HC + HCNE + HINC + HNS + HR + HO}$$

³ Calculate Person-level Response Rate (PRR) by:

$$\frac{PC * 100}{PC + PINC + PR + PI + PO}$$

⁴ Calculate Total Response Rate (TRR) by: $(HRR \times PRR) / 100$

Notes:

-An incomplete household interview (i.e., roster could not be finished) was considered a nonrespondent to the GATS. Thus, these cases (HINC) were not included in the numerator of the household response rate.

-A completed person interview [PC] includes respondents who had completed at least question E1 and who provided valid answers to questions B1/B2/B3. Respondents who did not meet these criteria were considered as incomplete (PINC) nonrespondents to GATS and thus, were not included in the numerator of the person-level response rate.

The household response rate was 98.6 %. There were no differences with respect to urban and rural household response rates (98.0 % and 99.4 % respectively). However, 2.0 % of households were found to have no eligible respondents, with an almost similar proportion in both urban and rural households. Very few households (0.7 %) refused the interview and 0.6 % were found to be unoccupied.

Out of 12,000 selected households, 11,518 were found to have an eligible person for the individual interview. The proportion of eligible persons in urban areas (95.2 %) was slightly lower than rural areas (96.9 %). The person-level response rate was 99.1 %, with 98.9 % in urban and 99.2 % in rural areas. Overall, 244 respondents were found to be survey ineligible, which was close to 2.0 % of the entire sample. The ratio of ineligibility between urban and rural areas was 2.3 % to 1.6 %. The principal reasons for person-level non response were refusals (0.5 %), incomplete interviews (0.5 %) and other reasons, including non contacts (0.2 %). The proportion of refusals was higher in urban areas (0.7 %) compared to rural areas (0.3 %), despite repeated visits to the household. Person-level response rates did not vary by gender (99.0 % for males and 99.1 % for females, not shown in the table).

3.2 Characteristics of Survey Respondents

Table 3.2 presents the un-weighted sample size and population estimates by selected demographic characteristics

of the household population and survey respondents, including age, gender, place of residence, and level of education.

The un-weighted number of adults who completed the individual interview was 11,406. The estimated total Russian de-facto population aged 15 years and above was 112.2 million in 2009. In classifying the sample distribution by gender, the survey enumerated a total of 6,217 males and 5,189 females. These sample counts yielded a de-facto population estimate of 50.8 million males (45.3 %) and 61.4 million females (54.7 %). The un-weighted sample in urban areas was higher than in rural areas (5,989 and 5,417, respectively). However, the weighted population in urban areas was higher than in rural areas, with the ratio being approximately 74:26. A high proportion of adults were between 25–44 years old (34.5 %). The other proportions were 5.0 % in the 15–18 age group, 12.8 % for 19–24 years, 31.8 % for 45–64 years, and 15.9 % in the 65 and above age group.

For all eligible respondents age 15 years and older, data were collected on level of education, grouped into three categories: primary, secondary and high education. “Primary” included no formal education and primary school. “Secondary” included some high school, high school and vocational school or trade school, and “high” included some college, college and an advanced degree. (This classification for education was used for the entire report.) The majority had a secondary education (58.3 %) followed by high education (37.7 %) whereas only 4.0 % of adults had only primary education or less.

Table 3.2: Distribution of adults ≥ 15 years old by selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Weighted		Unweighted Number of Adults
	Percentage (95 % CI) ¹	Number of Adults (in thousands)	
Overall	100	112,236.1	11,406
<i>Gender</i>			
Male	45.3 (44.7, 45.9)	50,848.3	6,217
Female	54.7 (54.1, 55.3)	61,387.9	5,189
<i>Age (years)</i>			
15–18	5.0 (4.4, 5.6)	5,597.7	418
19–24	12.8 (11.9, 13.7)	14,372.3	1,195
25–44	34.5 (33.2, 35.8)	38,709.6	3,996
45–64	31.8 (30.5, 33.1)	35,669.6	4,195
65+	15.9 (14.7, 17.3)	17,886.9	1,602
<i>Residence</i>			
Urban	74.5 (72.9, 76.1)	83,651.5	5,989
Rural	25.5 (23.9, 27.1)	28,584.6	5,417
<i>Education Level²</i>			
Primary	4.0 (3.5, 4.7)	4,530.3	501
Secondary	58.3 (56.2, 60.3)	65,400.3	7,441
High	37.7 (35.5, 39.9)	42,253.6	3,460

Note: Four observations were missing for education.

¹ 95 % Confidence Interval.

² Primary includes “No formal education” and “Primary school”; Secondary includes “Some high school,” “High school,” and “Vocational school/trade school”; High includes “Some college,” “College,” and “Advanced degree”.

4. Tobacco use

In 2008, the Russian Federation joined the WHO Framework Convention on Tobacco Control, which led to the development of an extensive national policy on tobacco use reduction. The government's program of healthy lifestyle promotion was launched in September 2009; it included arranging assistance to quit smoking, as well as conducting informational and educational campaigns to teach people about the harmful consequences of tobacco consumption and methods of smoking cessation. However, tobacco control is currently regulated only by the Federal Act on Limitation of Tobacco Smoking and it does not provide an efficient policy on tobacco use reduction in the country. Therefore, GATS Russian

Federation is measuring tobacco use patterns that historically developed after World War II and, in recent years, were affected by tobacco industry advertising campaigns along with minor, mostly regional, anti-smoking programs.

This chapter presents data on the prevalence of smoking and smokeless tobacco use among adults (aged 15 and older) in the Russian Federation. Tobacco product consumption among different age, gender, residence (urban and rural), and education groups was analyzed, using indicators such as age of daily smoking initiation, number of cigarettes smoked daily, time since quitting smoking for former daily smokers, and time to first tobacco use upon waking.

Key Findings

- 39.1 % of Russians (43.9 million) were currently smoking tobacco: 60.7 % of men and 21.7 % of women.
- Russians with more education (secondary 41.3 %, high 38.1 %) smoked more than those with a lower education level (primary 18.0 %.)
- 0.6 % of Russians (650 thousand) were currently using smokeless tobacco.
- Smoking prevalence was higher among the urban population (40.2 %) compared with rural (35.9 %).
- 98.3 % of men who currently used tobacco were smoking tobacco products, 1.0 % were using smokeless tobacco products, 0.7 % were using smoking and smokeless tobacco.
- 99.1 % of women who currently used tobacco were smoking tobacco products, 0.7 % were using smokeless tobacco products, 0.2 % were using smoking and smokeless tobacco.

4.1 Prevalence of Tobacco Use

Tobacco products in the Russian Federation consist of smoking and smokeless tobacco. Smoking tobacco includes filtered and hand-rolled cigarettes, papirosy, cigars, cigarillos, pipe tobacco and calean tobacco (waterpipe). Smokeless tobacco includes chewing tobacco, snuff tobacco, and dipping tobacco (snus).

4.1.1 Prevalence of Tobacco Smoking

Table 4.1 displays data on the prevalence of tobacco smoking among urban and rural populations of the Russian Federation, and among males and females aged 15 and over. "Current tobacco smokers" include "daily smokers" and "occasional smokers" (i.e., those who do not smoke every day). Current "non-smokers" include "former daily smokers", "former occasional smokers" and "never smokers".

The prevalence of tobacco smoking among all adults in the Russian Federation was 39.1%—60.2 % of males and

21.7 % of females. Fifty-five percent (55.0 %) of males smoked daily while 5.2 % of males smoked occasionally. For females, 16.3 % smoked daily, while 5.4 % smoked occasionally. Prevalence of tobacco smoking among the urban population was higher (40.2 %) than among the rural population (35.9 %). Proportions between daily and occasional smokers for urban and rural residents were the same as for the whole adult population of the Russian Federation. Among urban residents, 34.6 % were daily smokers and 5.7 % occasional smokers; among rural residents, 31.6 % were daily smokers and 4.3 % occasional smokers.

Current non-smokers made up 60.9 % of the adult population of the Russian Federation—39.8 % of males and 78.3 % of females; 8.1 % were former daily smokers, 5.8 % were former occasional smokers, and 47.0 % never smoked. There were significantly fewer non-smokers among males than females. Proportions between former daily and former occasional smokers differed by gender. Among males, there were 21.7 % never smokers, 13.3 % former daily smokers, and 4.8 % former occasional smokers. Among females, there were 68.1 % never smokers, 3.8 % former daily smokers, and 6.5 %

former occasional smokers. Among urban residents, 59.8 % were current non-smokers and among rural residents it was 64.1 %. Proportions between former daily and former occasional smokers and urban and rural residents were similar to the whole adult population of the Russian Federation.

4.1.2 Prevalence of Smokeless Tobacco

Table 4.1A displays data on prevalence of smokeless tobacco use among all adults in the Russian Federation, broken down by residence and gender. Note that use of smokeless tobacco in the Russian Federation was insignificant. Overall, only 0.6 % of the adult population currently used smokeless tobacco—0.1 % used it on a daily basis and 0.5 % used it occasionally. There were more smokeless tobacco users among males (1.0 %) than females (0.2 %); daily use among males was only 0.3 % and it was 0.0 % among females. There were more daily users of smokeless tobacco among urban residents (0.7 %) than rural (0.3 %).

Almost all (99.4 %) of the adult population of the Russian Federation did not use smokeless tobacco—98.2 % had never used it, 0.2 % were former daily users, and 1.1 % were former occasional users. Among males, 96.7 % had never used smokeless tobacco while 2.0 % were former occasional users and 0.3 % were former daily users. Among women, 99.4 % had never used smokeless tobacco while 0.3 % were former occasional users and 0.1 % were former daily users. Among urban residents, 97.9 % had never used smokeless tobacco, and among rural residents it was 99.0 %.

4.2 Number of Tobacco Users

4.2.1 Number of Tobacco Smokers

Table 4.2 provides the number of tobacco smoking adults of the Russian Federation based on the prevalence of tobacco smoking presented in **Table 4.1**, by gender and residence. The estimated number of current tobacco smokers among the adult population of the Russian Federation was 43.9 million. Of these, 37.9 million were daily smokers and 6.0 million were occasional smokers. There were an estimated 30.6 million males who currently smoked (27.9 million daily smokers, 2.7 million occasional) and 13.3 million females who currently smoked (10.0 million daily smokers, 3.3 million occasional).

The number of occasional smokers who formerly smoked daily was almost equal between men (1.3 million) and women (1.2 million), while there were more occasional smokers who had never smoked daily among women (2.1 million) than men (1.4 million). Among the urban population, the number of current tobacco smokers was 33.6 million, with 28.9 million daily smokers and 4.7 million occasional smokers. Among the rural population, there were 10.2 million current smokers, with 9.0 million daily smokers, and 1.2 million occasional smokers.

The estimated number of non-smokers in the adult population of the Russian Federation was 68.3 million, which included 9.0 million former smokers, 6.5 million former occasional smokers, and 52.8 million who had never smoked. Among men, 20.2 million were non-smokers and among

Table 4.1: Percentage of adults ≥15 years old, by detailed smoking status, gender, and residence — GATS Russian Federation, 2009.

Smoking Status	Overall	Gender		Residence	
		Male	Female	Urban	Rural
		<i>Percentage (95 % CI)</i>			
Current tobacco smoker	39.1 (37.8, 40.5)	60.2 (58.4, 62.0)	21.7 (19.6, 23.8)	40.2 (38.6, 42.0)	35.9 (34.1, 37.8)
Daily smoker	33.8 (32.5, 35.1)	55.0 (53.1, 56.8)	16.3 (14.5, 18.2)	34.6 (33.0, 36.2)	31.6 (29.8, 33.3)
Occasional smoker	5.3 (4.8, 6.0)	5.2 (4.5, 6.1)	5.4 (4.6, 6.3)	5.7 (5.0, 6.5)	4.3 (3.6, 5.3)
Occasional smoker, formerly daily	2.2 (1.8, 2.6)	2.5 (2.0, 3.1)	1.9 (1.5, 2.6)	2.4 (2.0, 3.0)	1.4 (1.1, 1.9)
Occasional smoker, never daily	3.2 (2.7, 3.7)	2.8 (2.3, 3.3)	3.5 (2.8, 4.2)	3.2 (2.7, 3.9)	2.9 (2.3, 3.6)
Non-smoker	60.9 (59.5, 62.2)	39.8 (38.0, 41.6)	78.3 (76.2, 80.4)	59.8 (58.0, 61.4)	64.1 (62.2, 65.9)
Former daily smoker	8.1 (7.4, 8.8)	13.3 (12.2, 14.5)	3.8 (3.0, 4.6)	8.4 (7.5, 9.3)	7.2 (6.4, 8.1)
Never daily smoker	52.8 (51.3, 54.3)	26.5 (24.9, 28.1)	74.6 (72.2, 76.8)	51.4 (49.5, 53.2)	56.9 (54.9, 58.9)
Former occasional smoker	5.8 (5.1, 6.4)	4.8 (4.1, 5.6)	6.5 (5.6, 7.6)	6.2 (5.4, 7.0)	4.5 (3.9, 5.3)
Never smoker	47.0 (45.4, 48.6)	21.7 (20.2, 23.2)	68.1 (65.4, 70.5)	45.2 (43.2, 47.2)	52.3 (50.2, 54.4)

Note: Current use includes both daily and occasional (less than daily) use.

4. Tobacco use

Table 4.1A: Percentage of adults ≥15 years old, by detailed smokeless tobacco use status, gender, and residence — GATS Russian Federation, 2009.

Smokeless Tobacco Use Status	Overall	Gender		Residence	
		Male	Female	Urban	Rural
<i>Percentage (95 % CI)</i>					
Current smokeless tobacco user	0.6 (0.4, 0.9)	1.0 (0.7, 1.6)	0.2 (0.1, 0.4)	0.7 (0.4, 1.1)	0.3 (0.2, 0.6)
Daily user	0.1 (0.0, 0.4)	0.3 (0.1, 0.8)	0.0 (0.0, 0.1)	0.1 (0.0, 0.5)	0.1 (0.0, 0.2)
Occasional user	0.5 (0.3, 0.7)	0.8 (0.5, 1.2)	0.2 (0.1, 0.4)	0.5 (0.3, 0.8)	0.2 (0.1, 0.5)
Occasional user, formerly daily	0.0 (0.0, 0.1)	0.0 (0.0, 0.1)	0.0 (0.0, 0.1)	0.0 (0.0, 0.1)	0.1 (0.0, 0.2)
Occasional user, never daily	0.4 (0.3, 0.7)	0.7 (0.4, 1.2)	0.2 (0.1, 0.4)	0.5 (0.3, 0.8)	0.2 (0.1, 0.4)
Non-smokeless tobacco user	99.4 (99.1, 99.6)	99.0 (98.4, 99.3)	99.8 (99.6, 99.9)	99.3 (98.9, 99.6)	99.7 (99.4, 99.8)
Former daily user	0.2 (0.1, 0.3)	0.3 (0.1, 0.5)	0.1 (0.0, 0.2)	0.2 (0.1, 0.3)	0.1 (0.0, 0.3)
Never daily user	99.3 (99.0, 99.5)	98.7 (98.1, 99.1)	99.7 (99.5, 99.9)	99.1 (98.8, 99.4)	99.6 (99.3, 99.8)
Former occasional user	1.1 (0.8, 1.4)	2.0 (1.5, 2.6)	0.3 (0.2, 0.7)	1.3 (1.0, 1.7)	0.6 (0.4, 0.8)
Never user	98.2 (97.8, 98.5)	96.7 (95.9, 97.4)	99.4 (99.0, 99.6)	97.9 (97.3, 98.3)	99.0 (98.7, 99.3)

Note: Current use includes both daily and occasional (less than daily) use.

-For current smokeless use status, only 26 respondents answered "Don't know" and 6 respondents refused to answer. For past smokeless use status, only 6 respondents answered "Don't know" and 3 respondents refused to answer.

-Out of the 50 current smokeless tobacco users, 26 (46 %) use snus, 19 (38 %) use snuff, 10 (20 %) use chewing tobacco, and 8 (16 %) use another smokeless tobacco product.

Table 4.2: Number of adults ≥15 years old, by detailed smoking status, gender, and residence — GATS Russian Federation, 2009.

Smoking Status	Overall	Gender		Residence	
		Male	Female	Urban	Rural
<i>Number in thousands</i>					
Current tobacco smoker	43,928.2	30,624.7	13,303.5	33,666.9	10,261.3
Daily smoker	37,937.5	27,955.5	9,981.9	28,917.4	9,020.0
Occasional smoker	5,990.8	2,669.2	3,321.6	4,749.5	1,241.3
Occasional smoker, formerly daily	2,450.3	1,260.6	1,189.7	2,042.2	408.1
Occasional smoker, never daily	3,540.4	1,408.5	2,131.9	2,707.3	833.1
Non-smoker	68,307.9	20,223.6	48,084.4	49,984.6	18,323.4
Former daily smoker	9,062.5	6,758.6	2,304.0	7,000.9	2,061.7
Never daily smoker	59,245.4	13,465.0	45,780.4	42,983.7	16,261.7
Former occasional smoker	6,456.4	2,451.0	4,005.4	5,158.2	1,298.2
Never smoker	52,789.0	11,014.0	41,775.0	37,825.5	14,963.5

Note: Current use includes both daily and occasional (less than daily) use.

Table 4.2A: Number of adults ≥15 years old, by detailed smokeless tobacco use status, gender, and residence — GATS Russian Federation, 2009.

Smokeless Tobacco Use Status	Overall	Gender		Residence	
		Male	Female	Urban	Rural
<i>Number in thousands</i>					
Current smokeless tobacco user	654.3	528.4	125.9	565.7	88.6
Daily user	144.4	136.9	7.5	123.7	20.7
Occasional user	509.9	391.5	118.4	441.9	67.9
Occasional user, formerly daily	27.6	22.0	5.6	12.7	14.9
Occasional user, never daily	482.3	369.4	112.8	429.3	53.0
Non-smokeless tobacco user	111,302.3	50,148.7	61,153.5	82,898.6	28,403.7
Former daily user	183.9	138.5	45.4	157.4	26.6
Never daily user	111,118.3	50,010.2	61,108.1	82,741.2	28,377.1
Former occasional user	1,215.6	1,001.5	214.1	1,057.8	157.8
Never user	109,902.7	49,008.7	60,894.0	81,683.4	28,219.3

Note: Current use includes both daily and occasional (less than daily) use.

women 48.0 million were non-smokers. The estimated number of non-smoking urban residents was 49.9 million and for rural residents it was 18.3 million. The proportions of never smokers, former daily smokers and former occasional smokers were the same for urban and rural residents.

4.2.2 Number of Smokeless Tobacco Users

Table 4.2A provides the estimated number of smokeless tobacco users among adult residents of the Russian Federation, based on the prevalence of smokeless tobacco use presented in **Table 4.2**, shown by gender and residence. The number of adults using smokeless tobacco amounted to around 654 thousand, which included 528 thousand males and 126 thousand females. There were over 111 million adults who did not use smokeless tobacco, which included 1.4 million who formerly used smokeless tobacco and 109.9 million who had never used it.

4.3 Current Smokers of Tobacco Products

Table 4.3 displays data on prevalence of use of different smoking tobacco products in the Russian Federation. As previously mentioned, 39.1 % of the adult population in the Russian Federation smoked tobacco. Most smoked cigarettes (38.8 %), which included manufactured cigarettes (38.5 %), papirosy (0.9 %), and hand-rolled cigarettes (0.7 %). Prevalence of smoking calean was low (3.8 %), though it exceeded the prevalence (2.2 %) of papirosy and other smoking tobacco products (cigars, cigarillos, pipe tobacco and other).

There were some differences in the prevalence of use of different tobacco products among age groups. Prevalence of tobacco smoking was highest among adults ages 19–24 (49.8 %) and 25–44 (49.6 %). In older age groups, the prevalence of

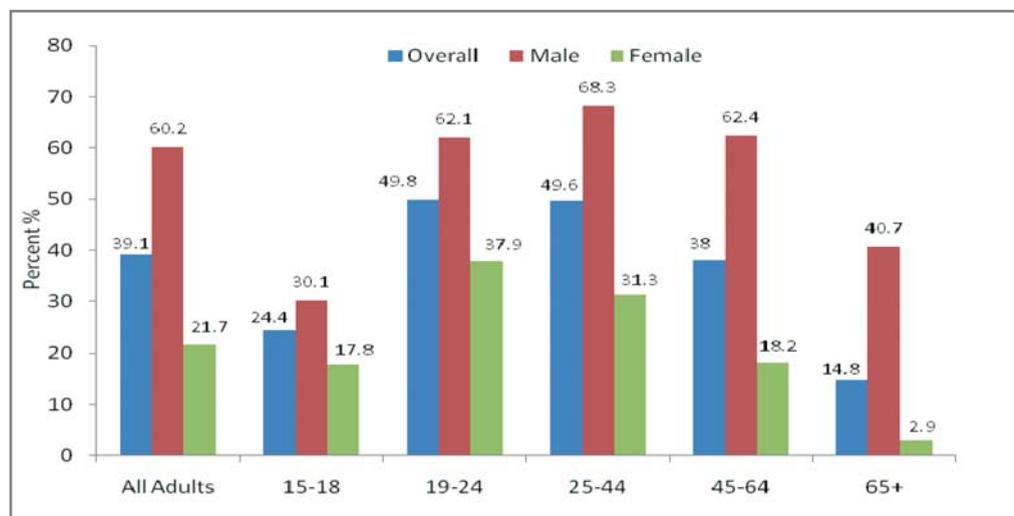
tobacco smoking was lower: 38.0 % in the 45–64 age group and 14.8 % in the over-65 age group. In the youngest adult age group (15–18), prevalence of tobacco smoking was considerably higher at 24.4 %. **Figure 4–1** shows smoking prevalence for all adults, and by age and gender.

In all age groups, the prevalence of smoking cigarettes and smoking manufactured cigarettes was practically the same, except for adults over 65. In this age group, 1.8 % of adults smoked papirosy, apparently determined by habit, and prevalence rates of smoking cigarettes (14.8 %) and manufactured cigarettes (13.8 %) were lower than for other ages. In all age groups from 19 to 65 years, the prevalence rates of using hand-rolled cigarettes and papirosy were practically even. No one in the youngest age group (15–18) used hand-rolled cigarettes, but the prevalence of smoking papirosy (1.1 %) was even higher than the 19–24 age group (0.5 %), 25–44 age group (0.6 %) and the 45–64 age group (0.9 %). Differences among various age groups were perceived for smoking calean, which is not a traditional Russian tobacco product. The highest prevalence of smoking calean was in the young adult 19–24 age group (12.0 %), which evidently reflected the influence of recent fashion trends in tobacco use for younger people. In the 25–44 age group, 4.5 % of adults smoked calean and in the 15–18 years age group it was 3.8 %. In older age groups, the prevalence of smoking calean was significantly lower, though it was 1.4 % in the 45–64 age group, exceeding the prevalence of smoking papirosy (0.9 %), a more traditional tobacco product for Russia.

Prevalence of manufactured cigarettes use among urban (39.8 %) and rural (35.8 %) residents was significantly higher than use of other tobacco products. Prevalence of smoking hand-rolled cigarettes and papirosy among urban and rural residents was less than 1 %, and smoking calean was 4.6 % among urban and 1.3 % among rural residents. The

4. Tobacco use

Figure 4-1: Adult (15 and older) tobacco smoking by age and gender — GATS Russian Federation 2009.



prevalence of use of other tobacco products among rural residents was at the same level as smoking hand-rolled cigarettes and papirosy (1.0 %); among urban residents this rate was higher at 2.6 %.

Prevalence rates of tobacco smoking differed significantly depending on level of education. School education is obligatory in the Russian Federation, therefore three levels of education were used: primary (no education and elementary education up to 5 grade), secondary (full formal education and professional education), and high (incomplete higher education and full higher education). It was found that generally the higher the educational level, the higher the prevalence of tobacco smoking. Prevalence of tobacco smoking was highest among adults with a secondary level of education (41.3 %), slightly lower among adults with the high level of education (38.1 %) and significantly lower among adults with a primary level of education (18.0 %). The same proportions were found for prevalence of smoking

manufactured cigarettes. Prevalence of smoking calean and other tobacco products was highest among adults with a high level of education (6.8 % and 3.8 %, respectively) versus adults with a secondary level of education (2.0 % and 1.3 %, respectively) and a primary level of education (0.2 % and 0.7 %, respectively). For prevalence of smoking hand-rolled cigarettes and papirosy, other associations were found: the highest prevalence was among adults with a primary level of education (1.3 % and 1.7 %, respectively), versus adults with secondary level of education (0.7 % and 1.0 % respectively) and high level of education (0.8 % and 0.7 %, respectively).

A clear, direct association between level of education and prevalence of tobacco smoking was found among women, and moreover, the differences in prevalence of tobacco smoking among women with higher and lower levels of education was significant: high level of education 26.6 %, secondary 19.7 %, and primary 2.7 %. Among males, the prevalence of tobacco

Figure 4-2: Adult (15 and older) tobacco smoking by education and gender — GATS Russian Federation 2009.

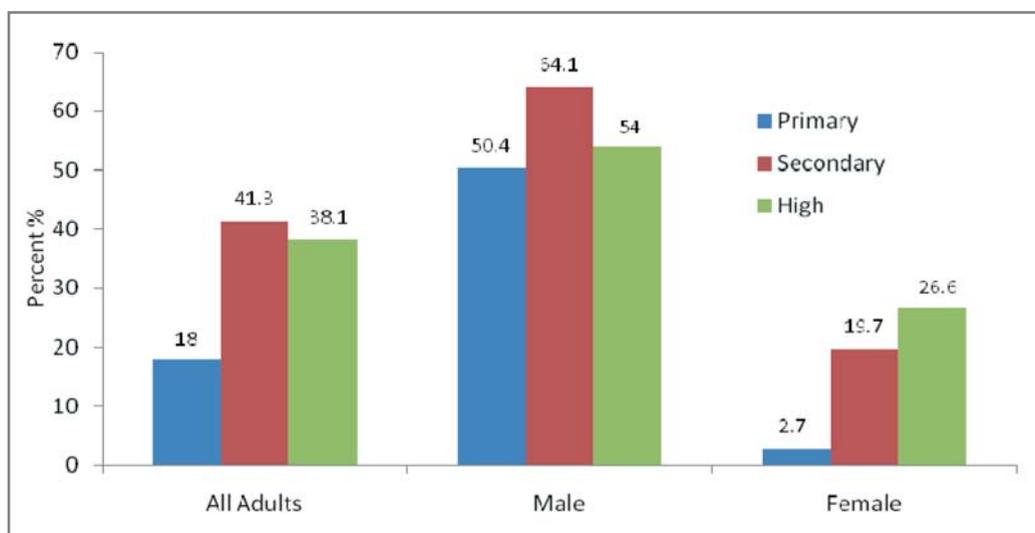


Table 4.3: Percentage of adults ≥15 years old who are current smokers of various tobacco products, by gender and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Any smoked tobacco product	Any cigarette ¹	Type of Cigarette			Other smoked tobacco ²
			Manufactured	Hand-rolled	Papirpsy	
Overall	39.1 (37.8, 40.5)	38.8 (37.4, 40.2)	38.5 (37.2, 39.9)	0.7 (0.5, 1.0)	0.9 (0.7, 1.1)	2.2 (1.8, 2.8)
<i>Age (years)</i>				<i>Percentage(95 % CI)</i>		
15–18	24.4 (20.0, 29.6)	24.4 (20.0, 29.6)	24.4 (20.0, 29.6)	0.0	1.1 (0.4, 2.9)	1.1 (0.4, 2.7)
19–24	49.8 (46.0, 53.6)	49.4 (45.6, 53.2)	49.4 (45.6, 53.2)	0.9 (0.3, 2.1)	0.5 (0.2, 1.1)	3.2 (2.1, 4.9)
25–44	49.6 (47.2, 52.0)	49.1 (46.7, 51.5)	49.1 (46.6, 51.5)	0.8 (0.5, 1.3)	0.6 (0.4, 0.9)	3.4 (2.6, 4.5)
45–64	38.0 (36.0, 40.1)	37.7 (35.6, 39.8)	37.4 (35.3, 39.5)	0.8 (0.5, 1.1)	0.9 (0.6, 1.2)	1.7 (1.2, 2.5)
65+	14.8 (12.8, 17.2)	14.8 (12.7, 17.1)	13.8 (11.8, 16.1)	0.7 (0.4, 1.4)	1.8 (1.2, 2.8)	0.3 (0.1, 0.8)
<i>Residence</i>						
Urban	40.2 (38.6, 42.0)	39.8 (38.1, 41.5)	39.6 (37.9, 41.3)	0.7 (0.5, 1.1)	0.8 (0.6, 1.1)	2.6 (2.1, 3.4)
Rural	35.9 (34.1, 37.8)	35.8 (34.0, 37.7)	35.5 (33.7, 37.4)	0.9 (0.6, 1.2)	1.0 (0.7, 1.4)	1.0 (0.8, 1.4)
<i>Education Level</i>						
Primary	18.0 (14.5, 22.0)	18.0 (14.5, 22.0)	16.6 (13.3, 20.5)	1.3 (0.5, 3.4)	1.7 (0.8, 3.6)	0.7 (0.2, 2.3)
Secondary	41.3 (39.8, 42.8)	41.0 (39.5, 42.5)	40.7 (39.2, 42.2)	0.7 (0.5, 0.9)	1.0 (0.7, 1.3)	1.3 (1.0, 1.7)
High	38.1 (35.3, 40.9)	37.6 (34.8, 40.4)	37.5 (34.7, 40.4)	0.8 (0.4, 1.4)	0.7 (0.4, 1.1)	3.8 (2.9, 5.0)

Note: Current use includes both daily and occasional (less than daily) use.

¹Includes manufactured cigarettes, hand rolled cigarettes, and papirpsy.

²Includes pipes, cigars/cheroots/cigarillos.

Table 4.3 (cont.): Percentage of adults ≥15 years old who are current smokers of various tobacco products, by gender and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Any smoked tobacco product	Any cigarette ¹	Type of Cigarette			Calean	Other smoked tobacco ²
			Manufactured	Hand-rolled	Papirosy		
Male	60.2 (58.4, 62.0)	59.8 (58.0, 61.5)	59.3 (57.6, 61.0)	1.3 (0.9, 1.8)	1.8 (1.4, 2.2)	4.4 (3.6, 5.5)	3.9 (3.2, 4.9)
<i>Age (years)</i>				<i>Percentage (95 % CI)</i>			
15–18	30.1 (24.2, 36.8)	30.1 (24.2, 36.8)	30.1 (24.2, 36.8)	0.0	2.1 (0.8, 5.3)	3.0 (1.5, 6.0)	2.0 (0.8, 5.0)
19–24	62.1 (57.4, 66.5)	62.0 (57.3, 66.4)	62.0 (57.3, 66.4)	0.9 (0.4, 2.3)	0.8 (0.3, 2.1)	10.9 (8.4, 14.1)	3.9 (2.5, 6.2)
25–44	68.3 (65.5, 71.0)	67.6 (64.7, 70.3)	67.5 (64.7, 70.3)	1.0 (0.6, 1.8)	1.0 (0.6, 1.7)	6.2 (4.8, 8.0)	5.6 (4.3, 7.3)
45–64	62.4 (59.7, 65.0)	61.9 (59.2, 64.5)	61.4 (58.7, 64.0)	1.6 (1.0, 2.4)	1.6 (1.1, 2.4)	1.2 (0.7, 2.3)	3.3 (2.3, 4.8)
65+	40.7 (35.6, 46.1)	40.7 (35.6, 46.1)	37.7 (32.7, 43.0)	2.3 (1.1, 4.5)	5.7 (3.7, 8.7)	0.0	1.0 (0.4, 2.4)
<i>Residence</i>							
Urban	60.3 (58.1, 62.5)	59.8 (57.6, 61.9)	59.3 (57.1, 61.4)	1.1 (0.7, 1.8)	1.7 (1.3, 2.4)	5.4 (4.3, 6.8)	4.7 (3.7, 5.9)
Rural	59.9 (57.1, 62.7)	59.9 (57.0, 62.7)	59.3 (56.5, 62.1)	1.7 (1.3, 2.4)	1.8 (1.3, 2.6)	1.8 (1.2, 2.6)	1.9 (1.3, 2.6)
<i>Education Level</i>							
Primary	50.4 (42.5, 58.4)	50.4 (42.5, 58.4)	46.4 (38.5, 54.4)	4.1 (1.6, 10.2)	4.7 (2.0, 10.4)	0.0	2.3 (0.7, 7.0)
Secondary	64.1 (62.1, 66.1)	64.0 (62.0, 65.9)	63.5 (61.4, 65.4)	1.2 (0.9, 1.7)	1.9 (1.4, 2.4)	2.4 (1.9, 3.1)	2.4 (1.9, 3.2)
High	54.0 (50.6, 57.3)	53.0 (49.7, 56.3)	52.9 (49.6, 56.2)	1.1 (0.5, 2.5)	1.4 (0.8, 2.4)	8.4 (6.5, 10.9)	6.8 (5.1, 9.0)

Note: Current use includes both daily and occasional (less than daily) use.

¹Includes manufactured cigarettes, hand rolled cigarettes, and papirosy.

²Includes pipes, cigars/cheroots/cigarillos.

Table 4.3 (cont.): Percentage of adults ≥15 years old who are current smokers of various tobacco products, by gender and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Any smoked tobacco product	Any cigarette ¹	Type of Cigarette			Calean	Other smoked tobacco ²
			Manufactured	Hand-rolled	Papirpsy		
			<i>Percentage(95 % CI)</i>				
Female	21.7 (19.6, 23.8)	21.4 (19.4, 23.6)	21.4 (19.3, 23.5)	0.3 (0.1, 0.6)	0.1 (0.1, 0.3)	3.2 (2.4, 4.3)	0.8 (0.5, 1.4)
<i>Age (years)</i>							
15–18	17.8 (11.4, 26.5)	17.8 (11.4, 26.5)	17.8 (11.4, 26.5)	0.0	0.0	4.7 (1.7, 12.4)	0.0
19–24	37.9 (32.1, 44.0)	37.2 (31.4, 43.3)	37.2 (31.4, 43.3)	0.8 (0.1, 4.1)	0.1 (0.0, 0.9)	13.0 (9.3, 17.9)	2.5 (1.0, 5.7)
25–44	31.3 (28.0, 34.9)	31.1 (27.7, 34.6)	31.1 (27.7, 34.6)	0.6 (0.2, 1.4)	0.2 (0.0, 0.7)	2.8 (1.9, 4.1)	1.2 (0.6, 2.5)
45–64	18.2 (15.6, 21.3)	18.0 (15.3, 21.0)	17.9 (15.2, 20.9)	0.1 (0.0, 0.3)	0.2 (0.1, 0.5)	1.5 (0.7, 3.4)	0.4 (0.1, 1.3)
65+	2.9 (1.7, 4.9)	2.8 (1.6, 4.9)	2.8 (1.6, 4.8)	0.0	0.1 (0.0, 0.3)	0.4 (0.1, 2.7)	0.0
<i>Residence</i>							
Urban	23.9 (21.4, 26.7)	23.6 (21.0, 26.4)	23.6 (21.0, 26.3)	0.4 (0.2, 0.8)	0.1 (0.0, 0.3)	3.9 (2.9, 5.4)	1.0 (0.5, 1.8)
Rural	14.8 (12.9, 16.9)	14.7 (12.9, 16.8)	14.6 (12.8, 16.7)	0.1 (0.0, 0.3)	0.3 (0.1, 0.5)	0.9 (0.6, 1.5)	0.3 (0.2, 0.7)
<i>Education Level</i>							
Primary	2.7 (1.4, 5.0)	2.7 (1.4, 5.0)	2.5 (1.3, 4.8)	0.0	0.3 (0.1, 1.0)	0.3 (0.0, 2.5)	0.0
Secondary	19.7 (17.6, 22.1)	19.4 (17.3, 21.7)	19.3 (17.2, 21.6)	0.2 (0.0, 0.6)	0.1 (0.1, 0.3)	1.6 (1.1, 2.5)	0.3 (0.1, 0.8)
High	26.6 (23.2, 30.4)	26.4 (23.0, 30.2)	26.4 (23.0, 30.2)	0.6 (0.2, 1.4)	0.1 (0.0, 0.6)	5.7 (4.1, 7.9)	1.7 (0.9, 3.2)

Note: Current use includes both daily and occasional (less than daily) use.

¹Includes manufactured cigarettes, hand rolled cigarettes, and papirpsy.

²Includes pipes, cigars/cheroots/cigarillos.

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smoking was also higher for the higher educated, but the difference was not as substantial: high level of education 54.0 %, secondary 64.1 %, and primary 50.4 %. **Figure 4–2** highlights the differences in tobacco prevalence among the education groups and between men and women.

The vast majority of male and female smokers used manufactured cigarettes, but there were differences in the prevalence of smoking hand-rolled cigarettes and papirosy. The prevalence of smoking hand-rolled cigarettes and papirosy among men with a primary level of education (4.1 % and 4.7 %, respectively) was significantly higher than among men with a secondary level of education (1.2 % and 1.9 %, respectively) and high level of education (1.1 % and 1.4 %, respectively). Different trends of smoking hand-rolled cigarettes and papirosy were found among women. The prevalence of smoking hand-rolled cigarettes was highest among women with a high level of education and the prevalence of smoking papirosy was highest among women with a primary level of education.

Among both men and women, the prevalence of smoking calean was significantly higher with a high level of education (8.4 % and 5.7 %, respectively) versus a secondary level of education (2.4 % and 1.6 %, respectively), and primary level of education (0.0 % and 0.3 %, respectively). The same trends were shown for smoking other tobacco products and, moreover, women with a primary level of education did not use other tobacco products at all.

4.3.1 Number of Current Smokers of Tobacco Products

Table 4.4 presents the number of adults in the Russian Federation who smoked tobacco, based on the prevalence of smoking tobacco use presented in **Table 4.3**. In the Russian Federation, an estimated 43.5 million adults smoked cigarettes, including 30.4 million men and 13.1 million women. Over 900 thousand men and 450 thousand women smoked cigarettes in the 15–18 age group; 4.4 million men and 2.7 million women in the 19–24 age group; 12.9 million men and 6.1 million women in the 25–44 age group; 9.8 million men and 3.5 million women in the 45–64 age group; and 2.3 million men and 346 thousand women in the over-65 age group. In the urban population 33.3 million people (22.4 million men and 10.9 million women) smoked cigarettes and 10.2 million in the rural population (8.0 million men and 2.2 million women) smoked cigarettes.

Among men and women using any kind of smoking tobacco, the group with a secondary education had the highest number: 20.3 million men and 6.6 million women. Among those with a high level of education, 9.5 million men and 6.5 million women smoked. There was a significant difference between men with a high and secondary level of education, while there was almost no difference between women with a high and secondary level of education. For calean, the number of men (1.4 million) and women (1.3 million) with a high level of education was similar.

Table 4.4: Number of adults ≥15 years old who are current smokers of various smoked tobacco products, by gender and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Any smoked tobacco product	Any cigarette ¹	Type of Cigarette			Calean	Other smoked tobacco ²
			Manufactured	Hand-rolled	Papirosy		
<i>Number in thousands</i>							
Overall	43,928.2	43,541.7	43,264.9	834.4	990.4	4,210.9	2,502.4
<i>Age (years)</i>							
15–18	1,368.5	1,368.5	1,368.5	0.0	63.6	211.4	61.4
19–24	7,158.9	7,100.4	7,100.4	124.1	69.0	1,723.5	457.1
25–44	19,187.3	18,999.4	18,991.5	309.5	223.4	1,735.7	1,315.5
45–64	13,560.8	13,429.8	13,334.3	272.6	304.2	492.2	614.2
65+	2,652.7	2,643.5	2,470.2	128.2	330.2	48.1	54.2
<i>Residence</i>							
Urban	33,666.9	33,298.8	33,110.9	587.9	703.4	3,831.3	2,204.6
Rural	10,261.3	10,242.8	10,154.1	246.5	287.1	379.6	297.8
<i>Education Level</i>							
Primary	814.6	814.6	751.5	59.0	75.6	10.7	33.4
Secondary	26,981.2	26,815.0	26,626.2	435.9	635.7	1,317.5	859.1
High	16,090.8	15,870.5	15,845.7	339.5	279.2	2,882.7	1,609.9

Note: Current use includes both daily and occasional (less than daily) use.

¹Includes manufactured cigarettes, hand rolled cigarettes, and papirosy.

²Includes pipes, cigars/cheroots/cigarillos.

Table 4.4 (cont.): Number of adults ≥15 years old who are current smokers of various smoked tobacco products, by gender and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Any smoked tobacco product	Any cigarette ¹	Type of Cigarette			Calean	Other smoked tobacco ²
			Manufactured	Hand-rolled	Papirosy		
<i>Number in thousands</i>							
Male	30,624.7	30,401.8	30,153.2	644.3	900.0	2,255.6	2,001.2
<i>Age (years)</i>							
15–18	912.1	912.1	912.1	0.0	63.6	90.8	61.4
19–24	4,403.1	4,395.9	4,395.9	67.0	59.9	776.8	278.3
25–44	13,042.3	12,909.2	12,901.3	194.1	193.7	1,188.8	1,075.3
45–64	9,969.8	9,887.3	9,815.7	255.0	261.3	199.2	532.0
65+	2,297.3	2,297.3	2,128.3	128.2	321.5	0.0	54.2
<i>Residence</i>							
Urban	22,616.7	22,398.5	22,222.2	412.5	652.9	2,018.5	1,753.2
Rural	8,008.0	8,003.3	7,931.0	231.8	247.1	237.2	248.0
<i>Education Level</i>							
Primary	732.0	732.0	673.1	59.0	67.9	0.0	33.4
Secondary	20,336.5	20,283.9	20,118.9	384.2	588.8	763.9	769.0
High	9,550.2	9,380.0	9,355.2	201.2	243.3	1,491.8	1,198.8
Female	13,303.5	13,139.8	13,111.7	190.1	90.4	1,955.3	501.2
<i>Age (years)</i>							
15–18	456.4	456.4	456.4	0.0	0.0	120.6	0.0
19–24	2,755.9	2,704.5	2,704.5	57.0	9.1	946.7	178.8
25–44	6,144.9	6,090.2	6,090.2	115.4	29.7	546.9	240.2
45–64	3,591.0	3,542.5	3,518.6	17.6	42.9	292.9	82.3
65+	355.3	346.2	341.9	0.0	8.7	48.1	0.0
<i>Residence</i>							
Urban	11,050.3	10,900.3	10,888.7	175.4	50.5	1,812.8	451.4
Rural	2,253.3	2,239.5	2,223.0	14.7	39.9	142.5	49.8
<i>Education Level</i>							
Primary	82.7	82.7	78.4	0.0	7.7	10.7	0.0
Secondary	6,644.7	6,531.2	6,507.3	51.8	46.8	553.6	90.1
High	6,540.6	6,490.5	6,490.5	138.3	35.9	1,391.0	411.1

Note: Current use includes both daily and occasional (less than daily) use.

¹Includes manufactured cigarettes, hand rolled cigarettes, and papirosy.

²Includes pipes, cigars/cheroots/cigarillos.

4.4 Daily Smokers, Occasional Smokers and Non-Smokers among Adults Aged 15 and Older

Table 4.5 presents the percentage distribution of all adults aged 15 and older in three categories: current daily smoker, current occasional smoker, and current non-smoker. The distribution is shown by age, residence, and education level.

In the Russian Federation, the largest group among adults aged 15 and older was non-smokers (60.9 %). The percentage of daily smokers (33.8 %) was significantly higher than that of occasional smokers (5.3 %). The rate of daily smoking was the largest among adults with a secondary level of education (36.4 %), versus primary (15.2 %) and high (31.8 %). The same proportions were present among males, and for females, the highest rate of daily smokers was among women with a high level of education (20.1 %), versus secondary (14.7 %) and

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Table 4.5: Percentage distribution of adults ≥15 years old who are daily, occasional, or non-smokers, by gender and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Smoking Frequency			Total
	Daily	Occasional ¹	Non-smoker	
	<i>Percentage (95 % CI)</i>			
Overall	33.8 (32.5, 35.1)	5.3 (4.8, 6.0)	60.9 (59.5, 62.2)	100
<i>Age (years)</i>				
15–18	15.8 (12.3, 19.9)	8.7 (5.5, 13.4)	75.6 (70.4, 80.0)	100
19–24	41.4 (37.8, 45.0)	8.4 (6.6, 10.7)	50.2 (46.4, 54.0)	100
25–44	42.9 (40.6, 45.2)	6.7 (5.6, 8.0)	50.4 (48.0, 52.8)	100
45–64	33.8 (31.9, 35.7)	4.2 (3.5, 5.1)	62.0 (59.9, 64.0)	100
65+	13.7 (11.8, 16.0)	1.1 (0.6, 2.0)	85.2 (82.8, 87.2)	100
<i>Residence</i>				
Urban	34.6 (33.0, 36.2)	5.7 (5.0, 6.5)	59.8 (58.0, 61.4)	100
Rural	31.6 (29.8, 33.3)	4.3 (3.6, 5.3)	64.1 (62.2, 65.9)	100
<i>Education Level</i>				
Primary	15.2 (12.3, 18.8)	2.7 (1.3, 5.7)	82.0 (78.0, 85.5)	100
Secondary	36.4 (35.0, 37.8)	4.9 (4.2, 5.7)	58.7 (57.2, 60.2)	100
High	31.8 (29.2, 34.5)	6.3 (5.3, 7.5)	61.9 (59.1, 64.7)	100

¹Occasional refers to less than daily use.

primary (2.2 %). For occasional smokers, the highest rate was among adults with a high level of education (6.3 %), versus secondary (4.9 %), and primary (2.7 %). The same proportions were present among females, with an opposite pattern among males: there were more occasional smokers among men with a primary level of education (7.4 %) than secondary (4.8 %) and high (5.9 %) levels of education.

The highest rate of occasional smokers was among adults aged 15–18 (8.7 %). It decreased progressively in older age groups (19–24: 8.4 %, 25–44: 6.7 %, 45–64: 4.2 %) and the rate of occasional smokers in the over-65 age group was minimal (1.1 %). The percentage ratio of daily smokers, occasional smokers and non-smokers in various age groups indicated that from 15 to 45 years, the proportion of occasional smokers decreased while daily smokers increased, and non-smokers decreased or stayed constant. Only after 45 years of age did non-smokers increase and others decrease. Daily smokers among urban and rural residents (34.6 % and 31.6 %) were also significantly more prevalent than occasional smokers (5.7 % and 4.3 %).

4.5 Number of Cigarettes Smoked per Day

Table 4.6 presents the distribution of daily cigarette smokers by the number of cigarettes smoked per day, among various age groups with different levels of education and in urban and rural populations. Among daily cigarette smokers, 62.7 % smoked more than 15 cigarettes per day—48.8 % smoked 15–24 cigarettes per day and 13.9 % smoked over 25 cigarettes.

About 15 % smoked less than 10 cigarettes per day. In the youngest 15–18 age group, the highest percentage was represented by those who smoked 10–14 cigarettes per day (38.8 %). Among the other age groups, the highest percentages were for those who smoked 15–25 cigarettes per day. In all age groups, the percentage of those who smoked fewer than 5 cigarettes per day was smaller than for those who smoked over 25 cigarettes per day.

The majority of male smokers (54.1 %) smoked 15–24 cigarettes per day, 17.4 % smoked 10–14 cigarettes per day and 17.1 % smoked over 25 cigarettes per day. Among women, 35.0 % smoked 10–14 cigarettes per day, 33.9 % smoked 15–24

Table 4.5 (cont.): Percentage distribution of adults ≥15 years old who are daily, occasional, or non-smokers, by gender and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Smoking frequency						Total
	Daily		Occasional ¹		Non-smoker		
	<i>Percentage (95 % CI)</i>						
Male	55.0	(53.1, 56.8)	5.2	(4.5, 6.1)	39.8	(38.0, 41.6)	100
<i>Age (years)</i>							
15–18	22.1	(17.2, 28.1)	8.0	(4.5, 13.7)	69.9	(63.2, 75.8)	100
19–24	54.8	(50.1, 59.4)	7.3	(5.3, 10.0)	37.9	(33.5, 42.6)	100
25–44	62.2	(59.3, 65.0)	6.1	(4.9, 7.6)	31.7	(29.0, 34.5)	100
45–64	58.8	(56.0, 61.5)	3.6	(2.7, 4.8)	37.6	(35.0, 40.3)	100
65+	37.7	(32.9, 42.8)	3.0	(1.5, 5.9)	59.3	(53.9, 64.4)	100
<i>Residence</i>							
Urban	55.2	(52.9, 57.4)	5.2	(4.3, 6.1)	39.7	(37.5, 41.9)	100
Rural	54.4	(51.6, 57.1)	5.5	(4.3, 7.1)	40.1	(37.3, 42.9)	100
<i>Education Level</i>							
Primary	43.0	(35.5, 50.8)	7.4	(3.3, 15.8)	49.6	(41.6, 57.5)	100
Secondary	59.4	(57.3, 61.4)	4.8	(4.0, 5.7)	35.9	(33.9, 37.9)	100
High	48.1	(44.7, 51.5)	5.9	(4.7, 7.5)	46.0	(42.7, 49.4)	100
Female	16.3	(14.5, 18.2)	5.4	(4.6, 6.3)	78.3	(76.2, 80.4)	100
<i>Age (years)</i>							
15–18	8.3	(4.5, 14.7)	9.5	(4.7, 18.2)	82.2	(73.5, 88.6)	100
19–24	28.3	(23.2, 34.1)	9.5	(6.8, 13.2)	62.1	(56.0, 67.9)	100
25–44	24.1	(21.1, 27.3)	7.3	(5.7, 9.2)	68.7	(65.1, 72.0)	100
45–64	13.5	(11.1, 16.2)	4.7	(3.6, 6.2)	81.8	(78.7, 84.4)	100
65+	2.7	(1.5, 4.8)	0.2	(0.1, 0.6)	97.1	(95.1, 98.3)	100
<i>Residence</i>							
Urban	17.8	(15.6, 20.4)	6.1	(5.1, 7.3)	76.1	(73.3, 78.6)	100
Rural	11.5	(9.9, 13.4)	3.3	(2.5, 4.3)	85.2	(83.1, 87.1)	100
<i>Education Level</i>							
Primary	2.2	(1.1, 4.3)	0.5	(0.1, 2.3)	97.3	(95.0, 98.6)	100
Secondary	14.7	(12.9, 16.6)	5.0	(4.0, 6.3)	80.3	(77.9, 82.4)	100
High	20.1	(16.9, 23.7)	6.6	(5.2, 8.2)	73.4	(69.6, 76.8)	100

¹Occasional refers to less than daily use.

cigarettes per day and 16.4 % smoked 5–9 cigarettes per day. Thus, men smoked more cigarettes per day than women.

Among urban and rural residents, those who smoked the least was also a small percentage (7.3 % and 5.8 %, respectively), while more smoked 15–24 cigarettes per day (47.3 % and 53.4 %, respectively) and the proportion of those who smoked over 25 cigarettes per day (13.1 % and 16.5 %, respectively) was also larger. Altogether, rural residents smoked more per day than urban residents.

By level of education, the highest percentages were among those smoking 15–24 cigarettes per day: with primary level of

education at 31.1 %, secondary at 51.5 %, and high level of education at 45.1 %. Over 26 % of smokers with a primary level of education smoked over 25 cigarettes per day, while the rate was 14.4 % for secondary level of education and 12.4 % for high level of education. Among men by level of education, the highest percentage was for 15–24 cigarettes per day, while women with primary and secondary level of education smoked 10–14 cigarettes per day and those with a high level of education smoked 15–24 cigarettes per day. On average, current smokers in the Russian Federation smoked 16.9 cigarettes per day (men 18.4, women 12.6; urban 16.4, rural 18.2) (not shown in table).

Table 4.6: Percentage distribution of daily cigarette smokers ≥15 years old, by cigarettes smoked per day, gender, and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Average number of cigarettes smoked per day ¹					Total
	<5	5–9	10–14	15–24	≥25	
Overall	6.9 (5.5, 8.6)	8.3 (7.0, 9.9)	22.0 (20.3, 24.0)	48.8 (46.3, 51.3)	13.9 (12.3, 15.7)	100
<i>Age (years)</i>			<i>Percentage(95 % CI)</i>			
15–18	7.0 (3.0, 15.2)	18.5 (10.1, 31.6)	38.8 (26.7, 52.4)	27.7 (18.0, 40.1)	8.0 (3.6, 16.9)	100
19–24	6.3 (4.0, 9.6)	12.4 (9.1, 16.8)	29.7 (24.4, 35.6)	43.8 (37.7, 50.1)	7.8 (5.1, 11.6)	100
25–44	6.7 (5.1, 8.8)	8.0 (6.2, 10.1)	20.5 (17.7, 23.5)	52.7 (49.0, 56.5)	12.1 (10.0, 14.7)	100
45–64	7.2 (5.2, 9.9)	6.6 (4.9, 8.9)	19.2 (16.3, 22.5)	48.1 (44.3, 51.9)	18.9 (16.2, 22.0)	100
65+	8.4 (4.7, 14.5)	5.8 (3.1, 10.7)	22.2 (15.9, 30.1)	45.0 (36.6, 53.8)	18.5 (12.5, 26.5)	100
<i>Residence</i>						
Urban	7.3 (5.5, 9.5)	9.0 (7.4, 11.0)	23.2 (21.0, 25.6)	47.3 (44.2, 50.5)	13.1 (11.2, 15.3)	100
Rural	5.8 (4.1, 8.1)	6.1 (4.8, 7.7)	18.2 (16.2, 20.5)	53.4 (50.5, 56.2)	16.5 (14.4, 18.8)	100
<i>Education Level</i>						
Primary	12.2 (6.2, 22.6)	4.8 (1.5, 14.3)	25.5 (16.0, 38.1)	31.1 (21.5, 42.6)	26.4 (16.3, 39.7)	100
Secondary	6.7 (5.2, 8.7)	6.7 (5.4, 8.4)	20.7 (18.6, 22.8)	51.5 (48.7, 54.2)	14.4 (12.7, 16.3)	100
High	6.9 (5.0, 9.6)	11.4 (9.0, 14.3)	24.1 (20.4, 28.3)	45.1 (40.7, 49.6)	12.4 (9.5, 16.1)	100

¹ Among daily cigarette smokers. Cigarettes include manufactured, hand-rolled, and papirosy.

Table 4.6 (cont.): Percentage distribution of daily cigarette smokers ≥15 years old, by cigarettes smoked per day, gender, and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Number of cigarettes smoked on average per day ¹					Total
	<5	5–9	10–14	15–24	≥25	
Male						
<i>Age (years)</i>			<i>Percentage(95% CI)</i>			
15–18	5.9 (4.6, 7.5)	5.4 (4.2, 7.0)	17.4 (15.6, 19.3)	54.1 (51.5, 56.7)	17.1 (15.2, 19.3)	100
19–24	6.5 (2.4, 16.6)	14.6 (7.3, 27.2)	33.4 (20.9, 48.7)	34.9 (22.9, 49.2)	10.6 (4.7, 22.1)	100
25–44	4.2 (2.5, 6.9)	7.7 (4.5, 13.0)	28.1 (22.4, 34.5)	51.9 (44.9, 58.8)	8.1 (5.5, 11.8)	100
45–64	5.8 (4.2, 8.0)	5.2 (3.6, 7.5)	15.8 (13.4, 18.5)	58.4 (54.3, 62.3)	14.8 (12.1, 18.0)	100
65+	5.9 (4.2, 8.3)	3.9 (2.4, 6.2)	13.7 (11.2, 16.7)	53.0 (49.1, 56.9)	23.5 (20.1, 27.2)	100
<i>Residence</i>	9.3 (5.2, 16.2)	6.3 (3.3, 11.8)	18.1 (12.9, 24.8)	45.4 (37.0, 54.2)	20.8 (14.1, 29.6)	100
Urban	6.0 (4.4, 8.1)	6.0 (4.4, 8.0)	18.6 (16.3, 21.1)	53.2 (49.8, 56.5)	16.3 (13.9, 19.1)	100
Rural	5.7 (3.8, 8.4)	4.0 (2.9, 5.5)	14.0 (11.9, 16.4)	56.8 (53.6, 59.9)	19.5 (17.1, 22.2)	100
<i>Education Level</i>						
Primary	12.2 (5.9, 23.4)	3.6 (0.9, 13.9)	24.6 (14.8, 38.1)	32.0 (21.8, 44.3)	27.6 (16.9, 41.6)	100
Secondary	5.7 (4.4, 7.5)	4.9 (3.5, 6.8)	16.5 (14.4, 18.8)	55.8 (53.0, 58.6)	17.0 (15.1, 19.2)	100
High	5.8 (3.9, 8.6)	6.8 (4.6, 10.0)	18.8 (15.6, 22.6)	52.0 (47.2, 56.8)	16.6 (12.7, 21.4)	100
Female						
<i>Age (years)</i>						
15–18	8.4 (1.9, 30.7)*	30.8 (9.7, 65.0)*	55.9 (26.2, 81.9)*	4.9 (0.6, 29.0)*	0.0	100
19–24	10.1 (5.2, 18.7)	21.3 (14.3, 30.6)	32.7 (23.2, 43.8)	28.7 (20.1, 39.2)	7.2 (2.5, 18.7)	100
25–44	9.1 (6.1, 13.2)	14.8 (11.2, 19.4)	32.1 (25.9, 39.1)	38.6 (31.6, 46.2)	5.4 (2.4, 11.5)	100
45–64	11.6 (6.4, 20.2)	16.0 (10.8, 23.0)	38.6 (29.4, 48.8)	30.8 (22.3, 40.8)	3.0 (1.5, 6.1)	100
65+	2.1 (0.3, 14.5)*	2.7 (0.4, 18.1)*	48.8 (22.0, 76.2)*	42.5 (18.0, 71.4)*	3.8 (0.8, 17.3)*	100
<i>Residence</i>						
Urban	10.4 (7.3, 14.7)	16.7 (13.2, 21.1)	34.8 (29.8, 40.3)	32.8 (27.1, 39.0)	5.2 (2.9, 9.2)	100
Rural	6.3 (3.7, 10.4)	14.8 (10.5, 20.5)	35.9 (30.2, 42.0)	39.2 (32.8, 45.9)	3.8 (1.9, 7.4)	100
<i>Education Level</i>						
Primary	12.7 (2.8, 42.2)*	16.8 (2.4, 62.4)*	33.8 (9.4, 71.5)*	22.0 (6.3, 54.3)*	14.6 (2.0, 58.6)*	100
Secondary	10.6 (7.0, 15.7)	13.7 (10.2, 18.1)	36.4 (30.9, 42.4)	34.9 (28.7, 41.8)	4.4 (2.0, 9.5)	100
High	8.9 (5.6, 13.8)	19.3 (14.5, 25.2)	33.2 (25.7, 41.6)	33.3 (25.3, 42.3)	5.4 (2.6, 10.9)	100

¹ Among daily cigarette smokers. Cigarettes include manufactured, hand-rolled, and papirosy.

* Estimate based on less than 25 un-weighted cases.

4.6 Age of Daily Smoking Initiation

Table 4.7 presents the distribution of those ages 20–34 who had ever smoked daily by age of daily smoking initiation, further broken down by gender and residence. About 17 % of adults started smoking daily at less than 15 years of age. The highest percentage (46.6 %) started smoking daily between the ages of 15–17, while 14.2 % started when they were over 20. The estimated average age of daily smoking initiation was 18.1 (not shown in table).

The percentage of men that started smoking daily under age 15 (19.7 %) was larger than that of women (10.6 %). Frequency rates of starting daily smoking at the ages of 18–19 among men and women were almost equal. The highest percentage of men and of women started daily smoking at age 15–17 (44.0 % for men, 51.8 % for women). The estimated average age of daily smoking initiation was 17.4 for men, and 19.9 for women (not shown in table).

There was not much difference between those living in urban areas and those in rural areas. In urban areas, 16.8 % started daily smoking before age 15, while in rural areas, 16.1 %

started daily smoking before 15. The estimated average age of daily smoking initiation among rural residents was 17.8 years old and among urban residents it was 18.2 (not shown in table).

4.7 Former Daily Smokers

Table 4.8 presents the percentage of former daily smokers by gender, age, residence, and education. The percentage of former daily smokers among all adults and the percentage of former daily smokers among ever daily smokers (also known as the quit ratio for daily smoking) are presented separately. The percentage of former daily smokers among all adults was 8.1 %, among men 13.3 % and among women 3.8 %. The percentage of former daily smokers among ever daily smokers was 18.3 %, among men 18.8 %, among women 17.1 %. By level of education, those with a secondary level of education quit smoking the least often—among all adults (7.3 %) and among ever daily smokers (16.1 %). Among ever daily smokers, those with a primary level of education had the highest quit ratio at 34.3 %.

Table 4.7: Percentage distribution of ever daily smokers 20–34 years old by age at daily smoking initiation, gender and residence — GATS Russian Federation, 2009.

Demographic Characteristics	Age at Daily Smoking Initiation (years) ¹				Total
	<15	15–17	18–19	20+	
	<i>Percentage (95 % CI)</i>				
Overall	16.6 (14.1, 19.5)	46.6 (43.2, 50.1)	22.6 (20.1, 25.2)	14.2 (12.1, 16.5)	100
<i>Gender</i>					
Male	19.7 (16.8, 23.0)	44.0 (40.4, 47.7)	22.3 (19.5, 25.4)	14.0 (11.6, 16.8)	100
Female	10.6 (7.0, 15.8)	51.8 (44.4, 59.1)	23.1 (18.5, 28.4)	14.5 (10.9, 19.1)	100
<i>Residence</i>					
Urban	16.8 (13.8, 20.3)	46.9 (42.7, 51.1)	22.2 (19.3, 25.3)	14.2 (11.7, 17.0)	100
Rural	16.1 (12.5, 20.5)	45.8 (41.0, 50.6)	24.0 (19.9, 28.6)	14.2 (11.3, 17.6)	100

¹Among respondents 20–34 years of age who are ever daily smokers.

4.8 Time Since Quitting Smoking

Table 4.9 presents the distribution of former daily smokers by time since quitting smoking, shown by gender, age, residence, and education. The highest percentage among former daily smokers belonged to those who quit smoking over 10 years ago (47.3 %). The percentage of those who quit 1–5 years ago (24.6 %) was greater than those who quit 5–10 years ago (16.0 %). The percentage of those who had quit smoking less than one year ago was 12.0 %.

The percentage of former daily smokers who quit over 5 years ago was larger among men (66.3 %) than women (54.5 %), while the percentage of men who quit less than 5 years

ago was smaller (33.6 %) than for women (45.5 %). The percentage of women who quit smoking less than 1 year ago was significantly larger (20.6 %) than for men (9.1 %). The rates of former smokers who quit smoking during all time intervals were approximately equal between urban and rural residents. The highest percentage of former daily smokers who had quit smoking over 10 years ago was among adults with a primary level of education (74.7 %), compared to adults with a secondary (50.0 %) and high level of education (41.2 %). The percentages for former daily smokers who quit smoking within the last 1–5 years were the opposite: high level of education 28.2 %, secondary level 23.2 % and primary level 6.4 %.

Table 4.8: Percentage of all adults and ever daily smokers ≥15 years old who are former daily smokers, by selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Former Daily Smokers ¹ (Among All Adults)	Former Daily Smokers ¹ (Among Ever Daily Smokers) ²
	<i>Percentage (95 % CI)</i>	
Overall	8.1 (7.4, 8.8)	18.3 (16.9, 19.9)
<i>Gender</i>		
Male	13.3 (12.2, 14.5)	18.8 (17.2, 20.5)
Female	3.8 (3.0, 4.6)	17.1 (14.2, 20.5)
<i>Age (years)</i>		
15–18	2.7 (1.3, 5.3)	14.0 (7.2, 25.6)
19–24	4.1 (2.8, 6.0)	8.6 (5.9, 12.3)
25–44	7.1 (6.1, 8.2)	13.3 (11.5, 15.3)
45–64	9.2 (8.2, 10.5)	20.7 (18.4, 23.1)
65+	12.7 (10.7, 15.0)	46.9 (40.5, 53.3)
<i>Residence</i>		
Urban	8.4 (7.5, 9.3)	18.4 (16.7, 20.3)
Rural	7.2 (6.4, 8.1)	17.9 (16.1, 20.0)
<i>Education Level</i>		
Primary	8.6 (6.4, 11.4)	34.3 (26.6, 43.0)
Secondary	7.3 (6.6, 8.1)	16.1 (14.6, 17.7)
High	9.2 (7.9, 10.6)	21.0 (18.3, 24.0)

¹ Current non-smokers.² Also known as the quit ratio for daily smoking.**Table 4.9: Percentage distribution of former daily smokers ≥15 years old, by time since quitting smoking and selected demographic characteristics — GATS Russian Federation, 2009.**

Demographic Characteristics	Time since quitting smoking (years) ¹				Total
	<1	1 to <5	5 to <10	≥10	
	<i>Percentage (95 % CI)</i>				
Overall	12.0 (9.4, 15.3)	24.6 (20.9, 28.7)	16.0 (13.5, 18.9)	47.3 (42.8, 51.9)	100
<i>Gender</i>					
Male	9.1 (7.0, 11.9)	24.5 (20.9, 28.6)	17.0 (14.3, 20.2)	49.3 (45.0, 53.6)	100
Female	20.6 (13.2, 30.6)	24.9 (16.4, 35.8)	13.1 (8.7, 19.3)	41.4 (31.5, 52.1)	100
<i>Age (years)</i>					
15–18	95.7 (73.1, 99.4)*	4.3 (0.6, 26.9)*	0.0	0.0	100
19–24	41.0 (25.1, 59.2)	49.1 (31.2, 67.3)	9.8 (3.0, 27.7)	0.0	100
25–44	16.3 (11.4, 22.8)	39.4 (32.3, 47.1)	19.2 (14.6, 24.8)	25.0 (18.5, 32.9)	100
45–64	6.3 (4.1, 9.6)	21.1 (15.4, 28.1)	17.1 (12.5, 22.9)	55.6 (48.6, 62.4)	100
65+	2.1 (0.9, 5.0)	6.8 (3.8, 11.9)	13.3 (9.1, 19.1)	77.7 (71.1, 83.2)	100
<i>Residence</i>					
Urban	12.0 (8.8, 16.1)	25.6 (21.1, 30.8)	15.0 (12.1, 18.6)	47.3 (41.8, 53.0)	100
Rural	12.3 (9.2, 16.2)	21.2 (17.0, 26.0)	19.4 (15.8, 23.4)	47.2 (41.5, 53.0)	100
<i>Education Level</i>					
Primary	0.0	6.4 (2.8, 14.3)	18.9 (9.7, 33.5)	74.7 (60.3, 85.1)	100
Secondary	13.1 (9.9, 17.2)	23.2 (18.6, 28.4)	13.7 (10.8, 17.2)	50.0 (44.4, 55.7)	100
High	11.9 (7.9, 17.5)	28.2 (22.5, 34.9)	18.6 (14.1, 24.2)	41.2 (34.3, 48.5)	100

¹ Among former daily smokers (current non-smokers).

*Estimate based on less than 25 un-weighted cases.

4.9 Smoking and Smokeless Tobacco Use Among Current Users of Tobacco Products

Table 4.10 presents the distribution of current tobacco users by smoking and smokeless tobacco use patterns, shown by gender, age, residence, and education. Among adults aged 15 and older who used tobacco, 98.5 % only smoked tobacco, 1.0 % only used smokeless tobacco, and 0.5 % smoked tobacco and used smokeless tobacco.

Among men who used tobacco, 98.3 % only smoked tobacco, 1.0 % used only smokeless tobacco, and 0.7 % smoked tobacco and used smokeless tobacco. Among women who used tobacco, 99.1 % only smoked tobacco, 0.7 % only used smokeless tobacco, and 0.2 % smoked tobacco and used smokeless tobacco. Among adults of all age groups, users of smokeless tobacco only were present, but their share was small. Among urban residents, there were more users of smokeless tobacco only (1.1 %) than among rural (0.6 %) and there were more only smoking tobacco users among urban residents (99.1 %) than among rural (98.3 %). Using only smokeless tobacco was more popular among tobacco users with a high level of education (1.4 %) than among those with secondary (0.7 %) or primary (0.0 %) levels of education. Also, there were more users of smoking and smokeless tobacco among respondents with a high level of education (1.1 %) than those with secondary (0.2 %) or primary (0.4 %) levels of education.

Since some of the tobacco users with a high level of education used smokeless tobacco, the percentage of only smokers in that group was lower (97.5 %) than among those with secondary (99.1 %) and primary (99.6 %) levels of education.

4.10 Time of First Tobacco Use upon Waking

Table 4.11 presents the distribution of daily tobacco users (smoking and/or smokeless) by time interval for first use of tobacco upon waking, shown by gender, age, residence, and education. Among all adults who used tobacco, 37 % used tobacco within 6–30 minutes upon waking and 22 % used it within the first 5 minutes. Thus, 59 % of tobacco users had symptoms of a high level of nicotine addiction. Around 22 % of tobacco users used tobacco within 31–60 minutes upon waking and 18.9 % used tobacco after 60 minutes upon waking. These estimates are also displayed in **Figure 4–3**, which provides a graphic view by gender.

As age increased, there was an increase the proportion of tobacco users who used tobacco within less than 30 minutes upon waking and a decrease in tobacco users who used tobacco within 31–60 minutes and over 60 minutes upon waking. Note that 8.1 % of adults aged 15–18 consumed tobacco within 5 minutes upon waking and 26.4 % within 6–30 minutes upon waking. Thus, over 30 % of adults age 15–18 had high levels of nicotine addiction.

Table 4.10: Percentage distribution of current tobacco users ≥15 years old, by tobacco use pattern and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Current Tobacco Users ¹	Type of Current Tobacco Use			Total
		Smoked only	Smokeless only	Both smoked and smokeless	
<i>Percentage (95 % CI)</i>					
Overall	39.4 (38.0, 40.8)	98.5 (97.8, 99.0)	1.0 (0.6, 1.5)	0.5 (0.3, 1.0)	100
<i>Gender</i>					
Male	60.7 (58.9, 62.4)	98.3 (97.3, 98.9)	1.0 (0.6, 1.8)	0.7 (0.3, 1.4)	100
Female	21.7 (19.7, 23.9)	99.1 (98.0, 99.6)	0.7 (0.3, 1.9)	0.2 (0.1, 0.7)	100
<i>Age (years)</i>					
15–18	24.5 (20.0, 29.7)	99.4 (95.7, 99.9)	0.6 (0.1, 4.3)	0.0	100
19–24	50.4 (46.5, 54.3)	96.7 (93.9, 98.2)	2.1 (1.1, 3.9)	1.2 (0.3, 4.7)	100
25–44	49.8 (47.3, 52.2)	98.7 (97.7, 99.3)	1.0 (0.5, 1.9)	0.3 (0.1, 1.0)	100
45–64	38.2 (36.2, 40.3)	99.2 (98.2, 99.7)	0.3 (0.1, 1.4)	0.5 (0.2, 1.3)	100
65+	15.0 (12.9, 17.3)	97.9 (94.4, 99.2)	1.3 (0.3, 5.2)	0.8 (0.2, 2.7)	100
<i>Residence</i>					
Urban	40.5 (38.8, 42.3)	98.3 (97.4, 98.9)	1.1 (0.6, 1.8)	0.6 (0.3, 1.2)	100
Rural	36.1 (34.2, 37.9)	99.1 (98.3, 99.6)	0.6 (0.3, 1.1)	0.3 (0.1, 1.3)	100
<i>Education Level</i>					
Primary	18.1 (14.6, 22.2)	99.6 (97.3, 99.9)	0.0	0.4 (0.1, 2.7)	100
Secondary	41.4 (39.9, 42.9)	99.1 (98.3, 99.5)	0.7 (0.3, 1.5)	0.2 (0.1, 0.5)	100
High	38.5 (35.7, 41.4)	97.5 (96.3, 98.4)	1.4 (0.8, 2.4)	1.1 (0.5, 2.3)	100

¹ Includes daily and occasional (less than daily) smokers or smokeless users.

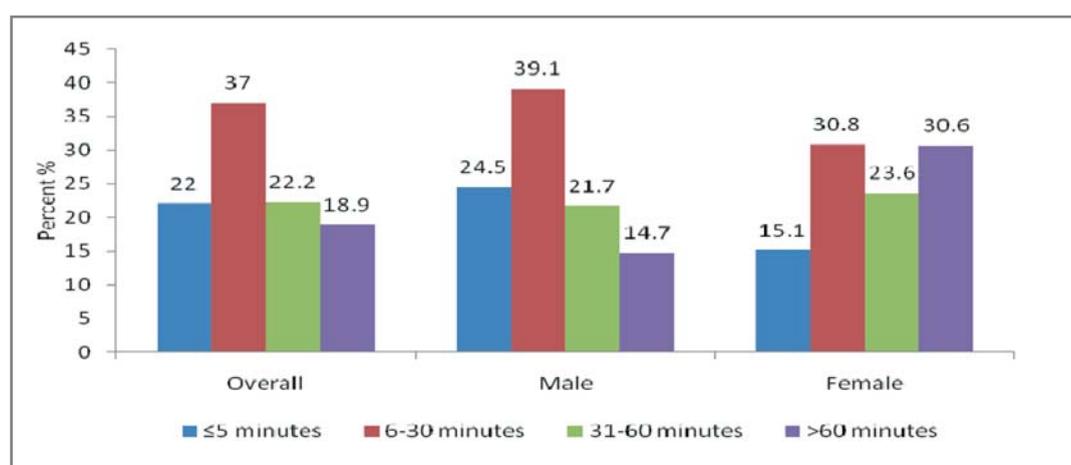
The proportions for all adults were the same for urban and rural tobacco users. By different levels of education, the highest levels of nicotine addiction were among adults with a primary level of education, as 77.0 % consumed their first tobacco product within first 30 minutes upon waking (44.4 % within 5 minutes after waking and 32.6 % within 6–30 minutes). A high level of nicotine addiction was present

among tobacco consumers with a secondary level of education, as 64.6 % consumed their first tobacco product within the first 30 minutes upon waking. Almost 48 % of tobacco consumers with a high level of education consumed their first tobacco product within the first 30 minutes upon waking; 27.0 % within 31–60 minutes and 25.2 % after 60 or more minutes.

Table 4.11: Percentage distribution of daily smokers and/or smokeless tobacco users ≥15 years old, by time to first tobacco use upon waking and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Time to first smoke or smokeless tobacco use				Total
	≤5 minutes	6–30 minutes	31–60 minutes	>60 minutes	
	<i>Percentage (95 % CI)</i>				
Overall	22.0 (20.1, 24.1)	37.0 (35.0, 39.0)	22.2 (20.4, 24.1)	18.9 (16.9, 21.0)	100
<i>Gender</i>					
Male	24.5 (22.3, 26.8)	39.1 (36.8, 41.5)	21.7 (19.6, 23.9)	14.7 (12.9, 16.7)	100
Female	15.1 (12.0, 18.7)	30.8 (26.7, 35.2)	23.6 (19.8, 27.9)	30.6 (26.0, 35.6)	100
<i>Age (years)</i>					
15–18	8.1 (3.9, 16.1)	26.4 (16.6, 39.3)	15.9 (9.2, 26.2)	49.6 (36.5, 62.6)	100
19–24	12.3 (9.5, 15.7)	33.7 (28.2, 39.7)	24.0 (19.8, 28.8)	30.0 (24.4, 36.2)	100
25–44	21.7 (19.0, 24.7)	37.8 (34.7, 41.1)	23.7 (21.0, 26.6)	16.8 (14.3, 19.6)	100
45–64	27.2 (24.1, 30.6)	37.4 (33.9, 41.1)	20.5 (17.4, 24.1)	14.8 (12.2, 17.8)	100
65+	26.8 (20.0, 34.9)	40.2 (32.1, 48.9)	17.7 (11.3, 26.5)	15.3 (9.9, 22.9)	100
<i>Residence</i>					
Urban	21.0 (18.6, 23.6)	36.0 (33.5, 38.5)	22.8 (20.6, 25.2)	20.2 (17.7, 23.0)	100
Rural	25.3 (22.6, 28.2)	40.1 (37.1, 43.1)	20.2 (17.9, 22.6)	14.5 (12.4, 16.9)	100
<i>Education Level</i>					
Primary	44.4 (32.8, 56.6)	32.6 (22.7, 44.3)	5.5 (2.6, 11.4)	17.5 (9.9, 29.0)	100
Secondary	25.0 (22.7, 27.5)	39.6 (37.2, 42.1)	20.0 (18.0, 22.1)	15.3 (13.5, 17.3)	100
High	15.6 (12.8, 18.8)	32.3 (29.1, 35.6)	27.0 (23.7, 30.5)	25.2 (21.4, 29.5)	100

Figure 4–3: Time to first tobacco use upon waking of adult (15 and older) tobacco users, by gender — GATS Russian Federation 2009.



5. Cessation

Tobacco use is still seen as a psychiatric disorder in the Russian Federation, even though its use causes disease. As a consequence, treatment occurs in substance abuse clinics. However, relatively little medical care is available for tobacco users since substance abuse clinics in the Russian Federation are primarily concerned with treating individuals suffering from alcoholism and drug use. Psychiatrists use hypnosis, acupuncture and cognitive behavior therapies to treat addictions to tobacco.

These services are not available in all regions and are largely ineffective and not evidence-based.

The only drugs registered for use in treating tobacco dependence in the Russian Federation are nicotine replacement therapy and Varenicline, which are sold over the counter in any pharmaceutical store².

This chapter presents findings on healthcare-seeking behavior and advice, use of cessation methods, and interest in quitting.

Key Findings

- *More than 3 in 10 smokers made a quit attempt in the past 12 months.*
- *Among those smokers who tried to quit in the past 12 months, only 11.2 % were successful.*
- *Female smokers had approached healthcare providers more often (63.5 %) than male smokers (50.4 %) in the past 12 months. Female smokers were less frequently asked about whether they smoked tobacco (41.3 %) than males (47.7 %) and were less frequently advised to quit (females 27.5 %, males 34.2 %).*
- *Pharmacotherapy was the most common cessation method used (20.1 %) by smokers who had made an attempt to quit in the past 12 months.*

5.1 Smoking Cessation and Healthcare Seeking Behaviors

Those who had made an attempt to quit smoking in the past 12 months included current tobacco smokers who had tried to quit in the past 12 months and former tobacco smokers who had been abstinent for less than 12 months. **Table 5.1** reports the percentage of adult smokers who made a quit attempt, visited a healthcare provider (HCP), were asked about smoking from a HCP, and received advice by a HCP on quitting smoking.

5.1.1 Quit Attempts among Current Tobacco Smokers

Among current tobacco smokers and former tobacco smokers (<12 months), approximately one third (32.1 %) had made an attempt to quit in last 12 months. Among those smokers who made an attempt to quit in the past 12 months, only 11.2 % were successful in quitting while 88.8 % were unsuccessful. Females (38.1 %) attempted to quit more than males (29.4 %). There was no difference observed in the rate of quit attempts by urban and rural residence, as almost 32 % of adult smokers made a quit attempt in the last 12 months. Among age groups, quit attempt rates ranged from 46.2 % (15–18 years) to 22.1 (65+ years). The proportions of quit attempts were significantly different among age groups. By education level, smokers with a primary education had the lowest

percentage (22.5 %) compared to smokers with a high education level (33.9 %).

5.1.2 Visits to Healthcare Provider

The percentage of smokers (including current tobacco smokers and recent quitters <12 months) who had visited a healthcare provider (HCP) during the past 12 months was 54.5 %. The percentage of male smokers who visited a HCP was lower than female smokers (50.4 % vs. 63.5 %). There was no difference observed with respect to age; more than 50 percent of adult smokers had visited a HCP during the last 12 months irrespective of age. The percentages were also similar for urban and rural areas (55.6 % and 50.7 %, respectively). By education level, smokers with a primary education had the lowest rate (41.6 %), compared to smokers with a high education (61.7 %).

5.1.3 Healthcare Provider Asking Tobacco Smoking History

Among smokers who had visited a HCP during the previous 12 months, 45.4 % were asked whether they smoked tobacco. The proportion of female smokers asked about tobacco smoking by a HCP (41.3 %) was less than that of male smokers (47.7 %). The proportions were similar for urban and rural areas (45.8 % and 44.0 %, respectively). For educational levels, the rates ranged from 51.0 % (primary education) to 43.8 % (high

education). For age groups, the rates ranged from 64.4 % (65 and above) to 39.7 % (25–44).

5.1.4 Advice to Quit Tobacco Smoking

Approximately one third of smokers (31.8 %) had received advice to quit smoking by a HCP in the past 12 months. The rate of receiving advice from a HCP was higher among male smokers (34.2 %) than among female (27.5 %). The proportion was highest among smokers aged 65 years and over (59.5 %) and lowest among smokers aged 19–24 (24.1 %). Smokers living in urban and rural areas received advice in almost equal proportions (31.6 % in urban and 32.3 % in rural). By education, the proportion varied significantly from 43.8 % among smokers with primary education to 29.4 % among smokers with high education.

5.2 Use of Cessation Methods

Cessation methods for smokers (current tobacco smokers and recent quitters of <12 months) reported from the GATS Russian Federation were: (1) pharmacotherapy, which included nicotine replacement therapy and other medications such as

Champix and Tabex, (2) counseling/advice, which included consultations in healthcare facilities (including substance abuse clinics), (3) non-medication therapy, which included acupuncture or reflexology and psychotherapy, such as coding or hypnosis, and (4) other methods, which included switching to smokeless tobacco and any other reported methods.

Table 5.2 shows that pharmacotherapy (20.1 %) was the most common cessation method used to try to quit smoking within the last 12 months, while only 3.5 % used counseling/advice and 3.7 % used non-medication therapy. Although the “other” category had the highest percentage (34.9 %), most of these responses (over 20 % of smokers) reported that they had tried to quit on their own without the use of any cessation methods. A small percentage of smokers (4.7 %) said they used seeds/nuts/candies to try and quit.

There were no major gender differences observed with respect to using cessation methods, however, a higher proportion of males used counseling/advice and non-medication therapy (4.3 % and 5.0 %, respectively) compared to females (2.0 % and 1.4 %, respectively). By age, the proportion that reported using pharmacotherapy varied significantly from 11.0 % in the 15–18 age group to a high of 23.3 % in the 25–44 age group. In both urban and rural areas, pharmacotherapy was tried at in

Table 5.1: Percentage of smokers ≥15 years old who made a quit attempt and received health care provider advice in the past 12 months, by selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Smoking cessation and health care seeking behavior			
	Made quit attempt ¹	Visited a HCP ^{1,2}	Asked by HCP if a smoker ³	Advised to quit by HCP ³
	<i>Percentage(95 % CI)</i>			
Overall	32.1 (30.2, 34.0)	54.5 (51.7, 57.2)	45.4 (42.4, 48.4)	31.8 (29.0, 34.7)
<i>Gender</i>				
Male	29.4 (27.5, 31.4)	50.4 (47.8, 52.9)	47.7 (44.5, 50.9)	34.2 (31.1, 37.4)
Female	38.1 (33.7, 42.7)	63.5 (58.6, 68.2)	41.3 (35.7, 47.1)	27.5 (23.1, 32.4)
<i>Age (years)</i>				
15–18	46.2 (36.1, 56.7)	57.5 (46.6, 67.8)	41.4 (29.3, 54.6)	25.1 (15.4, 38.2)
19–24	41.1 (35.6, 46.9)	58.3 (53.2, 63.3)	46.9 (40.3, 53.5)	24.1 (18.7, 30.5)
25–44	33.2 (30.3, 36.2)	53.0 (49.2, 56.6)	39.7 (35.7, 43.9)	27.0 (23.4, 30.9)
45–64	25.8 (23.1, 28.7)	53.9 (50.0, 57.7)	49.2 (44.1, 54.3)	38.3 (33.1, 43.7)
65+	22.1 (16.8, 28.6)	55.7 (47.3, 63.8)	64.4 (53.9, 73.6)	59.5 (48.1, 69.9)
<i>Residence</i>				
Urban	31.9 (29.6, 34.4)	55.6 (52.2, 58.9)	45.8 (42.2, 49.4)	31.6 (28.3, 35.2)
Rural	32.5 (29.9, 35.2)	50.7 (46.7, 54.7)	44.0 (39.6, 48.5)	32.3 (28.3, 36.5)
<i>Education Level</i>				
Primary	22.5 (13.3, 35.5)	41.6 (30.3, 53.9)	51.0 (35.9, 65.9)	43.8 (29.0, 59.8)
Secondary	31.3 (29.1, 33.6)	50.6 (47.8, 53.4)	46.4 (42.9, 50.0)	33.3 (29.6, 37.1)
High	33.9 (30.5, 37.6)	61.7 (57.0, 66.1)	43.8 (39.3, 48.4)	29.4 (25.4, 33.7)

¹ Among current smokers and former smokers who have been abstinent for less than 12 months.

² HCP = health care provider.

³ Among current smokers and former smokers who have been abstinent for less than 12 months, and who visited a HCP during the past 12 months.

5. Cessation

Table 5.2: Percentage of smokers¹ ≥15 years old who attempted to quit smoking in the past 12 months, by cessation methods used and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Use of Cessation Method ¹			
	Pharmacotherapy ²	Counseling/Advice ³	Non-medication Therapy ⁴	Other ⁵
	<i>Percentage(95 % CI)</i>			
Overall	20.1 (17.2, 23.3)	3.5 (2.6, 4.7)	3.7 (2.5, 5.3)	34.9 (30.6, 39.5)
<i>Gender</i>				
Male	19.0 (16.1, 22.3)	4.3 (3.1, 5.9)	5.0 (3.4, 7.2)	33.5 (29.1, 38.2)
Female	21.9 (16.4, 28.6)	2.0 (0.9, 4.3)	1.4 (0.5, 3.6)	37.5 (30.4, 45.1)
<i>Age (years)</i>				
15–18	11.0 (4.9, 22.7)	3.5 (0.8, 14.3)	0.0	43.4 (29.0, 59.0)
19–24	16.8 (11.8, 23.2)	2.8 (1.4, 5.7)	2.3 (0.9, 5.5)	38.5 (31.3, 46.1)
25–44	23.3 (18.8, 28.4)	1.8 (1.0, 3.2)	3.6 (1.8, 7.2)	34.3 (28.4, 40.7)
45–64	19.0 (14.1, 25.2)	6.6 (4.2, 10.1)	6.3 (4.0, 9.8)	32.0 (25.1, 39.6)
65+	20.2 (8.8, 40.0)	6.6 (2.1, 18.9)	0.0	30.0 (18.1, 45.5)
<i>Residence</i>				
Urban	20.3 (16.8, 24.4)	3.1 (2.1, 4.6)	4.1 (2.7, 6.2)	36.3 (30.9, 42.0)
Rural	19.2 (15.7, 23.2)	4.6 (3.1, 6.8)	2.2 (1.3, 3.6)	30.6 (25.5, 36.2)
<i>Education Level</i>				
Primary	3.7 (0.8, 15.2)*	6.0 (1.3, 23.6)*	0.0	1.5 (0.2, 10.5)*
Secondary	19.0 (16.0, 22.5)	3.9 (2.7, 5.7)	3.2 (1.9, 5.2)	34.3 (29.8, 39.2)
High	22.2 (16.7, 29.0)	2.7 (1.5, 4.7)	4.5 (2.6, 7.8)	36.9 (29.9, 44.6)

¹ Among current smokers who made a quit attempt in the past 12 months and former smokers who have been abstinent for less than 12 months.

² Includes nicotine replacement therapy and other medications such as Champix and Tabex.

³ Consultations in healthcare facilities, including specialized offices on how to quit smoking.

⁴ Includes acupuncture or reflexology, and psychotherapy, such as coding or hypnosis.

⁵ Other includes switching to smokeless tobacco and other methods.

*Estimate based on less than 25 un-weighted cases.

similar proportions (approximately 20 %). By education, the use of pharmacotherapy varied from 3.7 % among smokers with primary education to 22.2 % among those with higher education.

5.3 Interest in Quitting Smoking

In GATS Russian Federation, interest in quitting smoking was defined as current tobacco smokers who were planning to quit or thinking about quitting smoking. The information was collected in five categories: planning to quit within the next month, thinking about quitting within the next 12 months, will quit some day but not in the next 12 months, not interested in quitting, and don't know. **Table 5.3** and **Figure 5–1**, present data on these five categories of interest in quitting smoking.

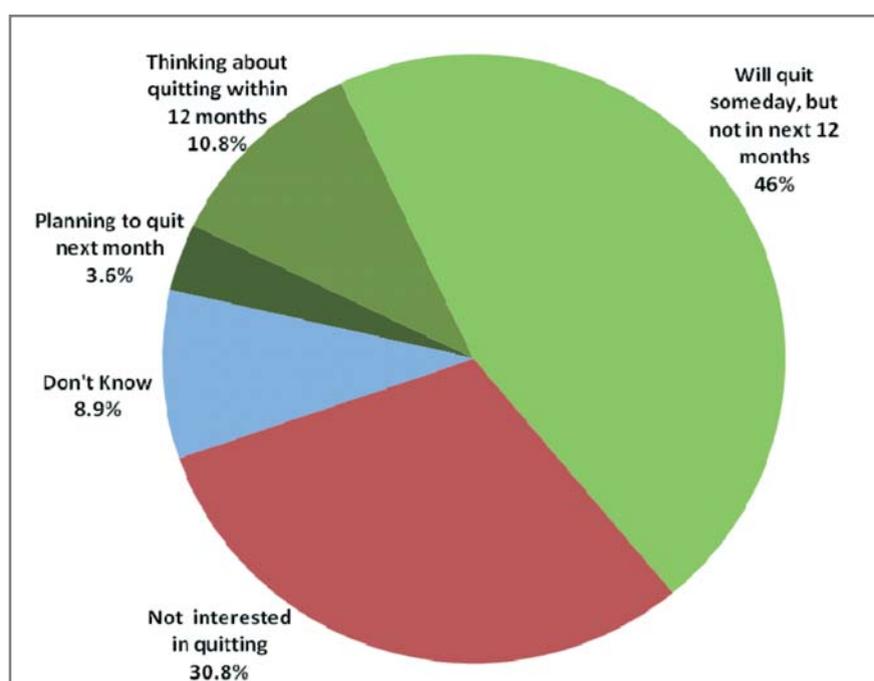
Among all smokers, over 60 % had an interest in quitting smoking. Only a small proportion of current smokers were planning to quit within the next month (3.6 %) or planning to quit within the next 12 months (10.8 %), while nearly half (46.0 %) of smokers planned to quit but not within the next 12 months. Around 31 % of smokers said that they were not interested in quitting and 9 % said they did not know. Within the category of planning to quit within the next month and planning to quit within the next 12 months, there was not much difference by various demographic characteristics. However, nearly one third of those in the age 65 and above group reported planning to quit someday but not in next 12 months, (27.6 %) compared to 53.8 % in the 15–18 age group. By education level, 6.4 % of current smokers with a primary education reported thinking about quitting smoking within the next 12 months compared to 14.4 % among current smokers with a high education level.

Table 5.3: Percentage distribution of current smokers ≥ 15 years old by interest in quitting smoking and selected demographic characteristics — GATS Russian Federation, 2009

Demographic Characteristics	Interest in Quitting Smoking ¹					Total
	Planning to Quit Within Next Month	Thinking About Quitting Within Next 12 Months	Will Quit Someday, But Not in the Next 12 Months	Not Interested in Quitting	Don't Know	
	<i>Percentage(95% CI)</i>					
Overall	3.6 (2.9, 4.4)	10.8 (9.1, 12.7)	46.0 (43.7, 48.3)	30.8 (28.7, 33.0)	8.9 (7.5, 10.5)	100
<i>Gender</i>						
Male	3.4 (2.7, 4.4)	9.3 (8.0, 10.9)	43.0 (40.7, 45.5)	35.2 (32.9, 37.6)	8.9 (7.4, 10.7)	100
Female	3.9 (2.7, 5.6)	14.1 (10.7, 18.4)	52.7 (48.0, 57.4)	20.6 (17.2, 24.5)	8.7 (6.5, 11.5)	100
<i>Age (years)</i>						
15–18	6.3 (3.0, 12.6)	8.6 (4.2, 16.9)	53.8 (42.4, 64.8)	18.9 (11.8, 28.8)	12.4 (6.3, 23.0)	100
19–24	5.1 (3.4, 7.5)	17.0 (12.1, 23.4)	51.4 (45.8, 56.9)	17.7 (14.1, 21.9)	8.8 (6.2, 12.4)	100
25–44	3.8 (2.8, 5.0)	12.2 (10.0, 14.7)	48.3 (45.2, 51.3)	26.3 (23.7, 29.1)	9.5 (7.6, 11.7)	100
45–64	2.5 (1.7, 3.7)	6.6 (4.8, 9.0)	42.6 (39.1, 46.2)	39.8 (36.4, 43.3)	8.5 (6.6, 10.8)	100
65+	2.3 (0.8, 6.0)	6.1 (3.2, 11.5)	27.6 (20.9, 35.5)	59.5 (50.2, 68.2)	4.4 (2.6, 7.5)	100
<i>Residence</i>						
Urban	3.4 (2.6, 4.5)	10.6 (8.5, 13.1)	47.1 (44.2, 50.0)	30.1 (27.5, 32.9)	8.7 (7.1, 10.7)	100
Rural	4.0 (3.2, 5.1)	11.4 (9.7, 13.4)	42.2 (39.3, 45.2)	33.1 (30.5, 35.9)	9.2 (7.2, 11.6)	100
<i>Education Level</i>						
Primary	0.5 (0.1, 3.4)	6.4 (1.8, 19.9)	29.8 (20.1, 41.8)	56.2 (44.0, 67.7)	7.1 (2.5, 18.7)	100
Secondary	3.3 (2.6, 4.2)	8.8 (7.4, 10.3)	44.9 (42.6, 47.2)	34.8 (32.6, 37.1)	8.2 (6.9, 9.8)	100
High	4.2 (3.0, 5.7)	14.4 (11.1, 18.5)	48.7 (44.5, 53.0)	22.7 (19.6, 26.2)	10.0 (7.5, 13.1)	100

¹Among current daily or less than daily smokers.

Figure 5–1: Adult (15 and older) smokers' interest in quitting — GATS Russian Federation 2009.



6. Secondhand Smoke

In the Russian Federation, smoking is prohibited at workplaces, on urban and suburban public transportation, on air flights less than 3 hours long, in indoor sports facilities, health care facilities, and cultural facilities, on the premises of educational institutions, and in rooms occupied by governmental authorities, except in specifically designated areas². Require-

ments for designated smoking areas are not yet clearly specified.

This chapter measures exposure to secondhand smoke (SHS) at home and in public places, including indoor workplaces, government buildings, healthcare facilities, restaurants, bars/night clubs, cafes/caferias, public transport, schools, colleges/universities and private workplaces.

Key Findings

- *Among those who worked indoors, more than 3 in 10 were exposed to SHS at indoor workplaces.*
- *More than 3 in 10 adults were exposed to tobacco smoke at home.*
- *More than 9 in 10 adults were exposed to SHS when visiting bars/night clubs and about 8 in 10 adults were exposed when visiting restaurants.*
- *Almost 25 % of adults were exposed to SHS when using public transportation.*
- *More than 10 % of adults were exposed to SHS when visiting healthcare facilities and more than 11 % were exposed to SHS when visiting schools.*
- *More than half of all adults in the Russian Federation were exposed to SHS in public places.*

6.1 Secondhand Smoke Exposure in Indoor Workplaces

Prevalence and estimated numbers of people exposed to SHS in indoor workplaces over the past 30 days by smoking status are shown in **Table 6.1**.

6.1.1 Prevalence of SHS Exposure in Indoor Workplaces

Exposure to SHS in indoor workplaces was measured among adults who worked outside of their home and worked indoors. **Table 6.1** shows that 34.9 % of workers were exposed to SHS at indoor workplaces. Male workers (45.7 %) had a higher exposure to SHS than female workers (25.7 %). More than one fourth (25.4 %) of young (15–18) workers were exposed to SHS at their workplaces. The proportion of workers exposed to SHS varied from a low of 23.5 % among those age 65 and above to a high of 36.8 % in the 25–44 age group. Workers living in urban areas (35.9 %) had more exposure to SHS at indoor workplaces than those living in rural areas (31.0 %). Workers with secondary education (26.6 %) were more exposed to SHS in indoor workplaces than those with primary (26.6 %) or higher education (31.1 %).

Among non-smoking workers, 26.9 % were exposed to SHS in indoor workplaces. The pattern of SHS exposure in non-smokers is similar to that of all adults by various demographic characteristics except for education. Non-smoking male workers (34.0 %) were more exposed to SHS as compared to female non-smoking workers (23.4 %). More than 2 in 10 non-smoking workers were exposed to SHS in all age groups except for those 65 and above, where 18.1 % were

exposed. Non-smoking workers living in urban areas (28.0 %) were more exposed to SHS compared to those in rural areas (23.0 %). Contrary to all adults, though not significantly, non-smoking workers with primary education (30.1 %) were more exposed to SHS at work compared to workers with secondary (29.3 %) and higher education (24.7 %).

6.1.2 Number of Workers Exposed to SHS in Indoor Workplaces

Overall 21.9 million workers were exposed to SHS in the indoor areas of their workplaces. The number of male workers (13.2 million) exposed to SHS in indoor workplaces was significantly higher than female workers (8.7 million). By age group, the largest number of adult workers exposed to SHS in indoor work were those ages 25–44 (10.1 million). The estimated number of workers living in rural areas who were exposed to SHS in indoor workplaces was 4.1 million, compared to 17.8 million of those living in urban areas. Twelve million adults with secondary education were exposed to SHS in the workplace, compared to 9.8 million of those with higher education.

Almost 10 million non-smoking workers were exposed to SHS at indoor workplaces (4 million male and 5.8 million female). Non-smoking workers in the age categories 25–44 and 45–64 years had equal exposure (3.9 and 3.6 million, respectively), but were higher than the younger ages group (0.7 and 1.4 million in the 15–18 and 19–24 groups, respectively) and older age groups (0.1 million in 65 and above). More than 1.9 million working non-smokers in rural areas and 7.9 million in urban areas were exposed to SHS. Nearly 5 million working non-smokers with secondary and higher education were exposed to SHS at their workplaces.

Table 6.1: Percentage and number of adults ≥15 years old who work indoors and are exposed to tobacco smoke at work, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Work ¹			
	Overall		Non-smokers	
	Percentage (95 % CI)	Number in thousands	Percentage (95 % CI)	Number in thousands
Overall	34.9 (32.4, 37.4)	21,947.1	26.9 (24.2, 29.7)	9,806.2
<i>Gender</i>				
Male	45.7 (42.5, 48.9)	13,197.6	34.0 (30.1, 38.2)	4,034.5
Female	25.7 (22.9, 28.8)	8,749.5	23.4 (20.5, 26.7)	5,771.7
<i>Age (years)</i>				
15–18	25.4 (19.0, 33.1)	942.5	23.7 (16.5, 32.7)	702.3
19–24	34.3 (29.9, 38.9)	3,367.4	26.6 (21.2, 32.7)	1,350.1
25–44	36.8 (33.6, 40.0)	10,111.7	27.7 (24.2, 31.5)	3,934.3
45–64	34.9 (31.7, 38.3)	7,310.8	27.3 (23.6, 31.3)	3,677.2
65+	23.5 (13.5, 37.5)	214.8	18.1 (9.3, 32.2)	142.2
<i>Residence</i>				
Urban	35.9 (32.9, 39.0)	17,868.6	28.0 (24.7, 31.6)	7,894.9
Rural	31.0 (27.9, 34.3)	4,078.5	23.0 (19.6, 26.6)	1,911.2
<i>Education Level</i>				
Primary	26.6 (10.4, 53.1)	76.2	30.1 (9.7, 63.2)*	54.1*
Secondary	38.9 (36.1, 41.7)	12,057.3	29.3 (26.0, 32.8)	5,073.4
High	31.1 (27.6, 34.7)	9,807.5	24.7 (21.2, 28.5)	4,678.7

¹ In the past 30 days. Among those respondents who work outside of the home who usually work indoors or both indoors and outdoors.

*Estimate based on less than 25 un-weighted cases.

6.2 Secondhand Smoke Exposure at Home

The prevalence and estimated numbers of people exposed to SHS at home by their smoking status are shown in **Table 6.1A**.

6.2.1 Prevalence of SHS Exposure at Home

Exposure to SHS at home was measured among adults who reported that smoking inside their home occurs daily, weekly or monthly. **Table 6.1A** shows that 34.7 % of adults in the Russian Federation were exposed to SHS at home. Males (36.7 %) had a higher exposure to SHS at home than females (33.0 %). More than one fourth (27.5 %) of young adults (15–18 years of age) were exposed to SHS at home. The proportion of adults exposed to SHS varied from a low of 26.3 % among those 65 and older to a high of 40.0 % in the 19–24 age group. Adults living in urban areas (35.9 %) had more exposure to SHS at home than those living in rural areas (31.1 %). Adults with secondary education (35.6 %) were more exposed to SHS at home than those with primary (30.7 %) or higher education (33.5 %).

Among non-smokers, 21.5 % were exposed to SHS at home. The pattern of SHS exposure in non-smokers was similar to that among all adults, across various demographics except for gender. Male non-smokers (14.8 %) were significantly less exposed to SHS at home as compared to female non-smokers (24.3 %). More than 2 in 10 non-smoking adults were exposed to SHS, in all age groups except for age 65 and above, where 19.4 % reported exposure to SHS. Non-smokers living in both urban and rural areas had similar SHS exposure levels at home (22.1 % and 20.0 %, respectively). Similarly, 21.8 % of adults with primary education reported exposure to SHS at home, compared to 22.7 % of secondary education and 19.7 % of higher education adults.

6.2.2 Number of Adults Exposed to SHS at Home

Overall, 38.7 million adults were exposed to SHS at home. 18.5 million males and 20.2 million females. By age group, the number of adults in the age group 25–44 was the largest (14.5 million). The estimated number of adults living in urban areas who were exposed to SHS at home was significantly higher (29.8 million) than for rural adults

6. Secondhand Smoke

Table 6.1A: Percentage and number of adults ≥15 years old who are exposed to tobacco smoke at home, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Adults Exposed to Tobacco Smoke at Home ¹			
	Overall		Non-smokers	
	Percentage (95 % CI)	Number in thousands	Percentage (95 % CI)	Number in thousands
Overall	34.7 (32.9, 36.5)	38,666.5	21.5 (19.7, 23.4)	14,592.1
<i>Gender</i>				
Male	36.7 (34.5, 38.9)	18,503.7	14.8 (12.9, 17.0)	2,964.7
Female	33.0 (30.7, 35.3)	20,162.7	24.3 (22.1, 26.6)	11,627.4
<i>Age (years)</i>				
15–18	27.5 (22.4, 33.3)	1,526.8	21.4 (16.1, 27.9)	894.2
19–24	40.0 (36.4, 43.7)	5,725.4	27.7 (22.9, 33.2)	1,985.5
25–44	37.6 (35.0, 40.4)	14,473.9	20.4 (17.7, 23.4)	3,953.1
45–64	34.6 (32.3, 36.9)	12,269.1	21.9 (19.4, 24.6)	4,817.0
65+	26.3 (22.9, 30.1)	4,671.2	19.4 (16.0, 23.5)	2,942.2
<i>Residence</i>				
Urban	35.9 (33.7, 38.1)	29,836.4	22.1 (19.8, 24.4)	10,959.4
Rural	31.1 (28.4, 33.9)	8,830.1	20.0 (17.6, 22.6)	3,632.6
<i>Education Level</i>				
Primary	30.7 (25.1, 37.0)	1,378.4	21.8 (15.9, 29.2)	802.4
Secondary	35.6 (33.6, 37.7)	23,156.5	22.7 (20.5, 25.0)	8,637.5
High	33.5 (30.9, 36.2)	14,085.7	19.7 (17.3, 22.5)	5,141.8

¹ Adults reporting that smoking inside their home occurs daily, weekly, or monthly.

² Education level is reported only among respondents 25+ years old.

(8.8 million). Among education levels, 23.2 million adults with secondary education were exposed to SHS at home as compared to those with primary (1.4 million) and higher (14.1 million) education levels.

Almost 14.6 million non-smokers were exposed to SHS at home (2.9 million males and 11.6 million females). Non-smokers in the age categories 25–44 and 45–64 were almost equally exposed (3.9 and 4.8 million, respectively) and were more exposed than younger (0.9 and 1.9 million in the 15–18 and 19–24 ages groups, respectively) and older age groups (2.9 million for 65 and above). More than 10.9 million non-smokers in urban areas and 3.6 million in rural areas were exposed to SHS. Nearly 8.7 million non-smokers with secondary education and 5.1 million non-smokers with higher education were exposed to SHS at home as compared to only 0.8 million non-smokers with primary education.

6.3 Secondhand Smoke Exposure in Public Places

Exposure to SHS was measured in the following public places: government buildings, healthcare facilities, restaurants, bars/night clubs, cafes/cafeterias, public transportation, schools, colleges/ universities, and private work places. **Table 6.2** describes the rate of SHS exposure among those who had visited various public places in the past 30 days. Similarly, **Table 6.2A** presents the population level prevalence rate of SHS exposure in these public places.

6.3.1 Prevalence of SHS Exposure at Various Public Places

In this section, the level of SHS exposure is depicted only for adults who had visited various public places during last 30 days (**Table 6.2**). Overall, 17.0 % of those who had visited

Table 6.2: Percentage of adults ≥15 years old who visited various public places in the past 30 days and were exposed to tobacco smoke, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Exposure to Tobacco Smoke ¹ in...				
	Government Buildings	Health Care Facilities	Restaurants	Bars/Night Clubs	Cafes/Cafeterias
	<i>Percentage (95 % CI)</i>				
Overall	17.0 (15.3, 18.8)	10.2 (8.5, 12.1)	78.6 (75.0, 81.8)	90.5 (88.3, 92.3)	49.9 (46.2, 53.5)
<i>Gender</i>					
Male	21.2 (18.9, 23.8)	12.1 (9.8, 14.8)	78.3 (74.0, 82.1)	91.6 (89.2, 93.5)	53.4 (49.3, 57.4)
Female	13.8 (12.0, 15.8)	9.1 (7.4, 11.2)	78.8 (74.0, 82.9)	89.2 (85.3, 92.1)	46.7 (42.4, 51.0)
<i>Age (years)</i>					
15–18	22.6 (16.3, 30.3)	7.4 (3.4, 15.5)	62.5 (44.5, 77.7)	88.4 (81.3, 93.0)	51.9 (43.9, 59.9)
19–24	20.2 (16.4, 24.7)	8.6 (6.0, 12.2)	83.4 (77.3, 88.2)	93.9 (91.0, 95.9)	51.6 (46.1, 57.2)
25–44	19.1 (16.7, 21.7)	10.8 (8.6, 13.5)	79.3 (74.9, 83.1)	90.3 (87.2, 92.8)	51.0 (46.5, 55.5)
45–64	15.5 (13.4, 17.8)	11.2 (8.7, 14.2)	78.4 (72.3, 83.4)	81.8 (69.5, 89.9)	47.0 (41.4, 52.7)
65+	8.5 (5.9, 12.1)	8.6 (5.7, 13.0)	45.8 (21.5, 72.3)*	35.0 (8.6, 75.4)*	32.9 (18.3, 51.8)
<i>Residence</i>					
Urban	18.3 (16.3, 20.6)	10.5 (8.5, 13.0)	79.8 (75.9, 83.2)	91.7 (89.2, 93.6)	52.4 (48.2, 56.6)
Rural	12.9 (11.0, 15.1)	8.9 (7.0, 11.3)	69.3 (62.4, 75.4)	85.0 (79.9, 89.0)	38.5 (33.3, 44.0)
<i>Education Level</i>					
Primary	8.2 (3.8, 16.7)	7.9 (3.9, 15.5)	9.2 (1.0, 50.2)*	100.0 *	46.1 (21.6, 72.7)*
Secondary	13.5 (11.9, 15.2)	10.1 (8.2, 12.3)	73.4 (68.0, 78.3)	86.5 (82.9, 89.5)	44.4 (40.3, 48.6)
High	21.4 (18.9, 24.2)	10.5 (8.3, 13.3)	81.1 (76.9, 84.7)	93.7 (91.1, 95.6)	54.3 (49.6, 58.9)
Non-smokers	14.9 (13.1, 17.0)	8.6 (7.1, 10.4)	72.4 (67.7, 76.6)	88.5 (84.6, 91.6)	43.0 (39.2, 46.9)
<i>Gender</i>					
Male	21.4 (18.2, 25.1)	11.0 (8.1, 14.7)	74.2 (67.2, 80.1)	91.6 (86.9, 94.7)	48.6 (43.2, 54.0)
Female	12.2 (10.4, 14.3)	7.8 (6.2, 9.9)	71.3 (65.2, 76.8)	86.1 (80.3, 90.5)	40.0 (35.7, 44.4)
<i>Age (years)</i>					
15–18	16.9 (11.0, 25.1)	7.1 (2.7, 17.4)	51.3 (32.6, 69.7)	85.0 (74.5, 91.6)	45.4 (36.6, 54.5)
19–24	19.7 (14.9, 25.6)	5.5 (3.2, 9.5)	81.0 (71.5, 87.9)	94.4 (89.7, 97.0)	41.0 (34.2, 48.1)
25–44	17.3 (14.4, 20.8)	8.0 (6.0, 10.6)	71.1 (64.0, 77.3)	88.6 (82.1, 93.0)	46.2 (41.1, 51.4)
45–64	14.1 (11.8, 16.7)	10.6 (7.9, 14.2)	77.0 (69.6, 82.9)	75.1 (52.4, 89.2)	40.6 (34.4, 47.0)
65+	7.6 (5.0, 11.2)	7.8 (5.0, 11.9)	39.5 (14.9, 70.8)*	26.5 (3.6, 77.8)*	27.5 (14.5, 45.9)
<i>Residence</i>					
Urban	15.8 (13.5, 18.5)	9.1 (7.1, 11.6)	73.5 (68.4, 78.1)	89.2 (84.5, 92.5)	45.4 (41.0, 49.9)
Rural	12.4 (10.4, 14.8)	7.1 (5.6, 8.9)	64.3 (54.8, 72.8)	85.9 (78.3, 91.1)	33.1 (27.3, 39.4)
<i>Education Level</i>					
Primary	7.8 (3.8, 15.6)	6.9 (3.5, 13.0)	0.0	0.0	33.7 (8.8, 72.8)*
Secondary	11.9 (10.1, 14.0)	8.6 (6.6, 11.0)	68.6 (60.4, 75.7)	83.1 (75.7, 88.7)	37.4 (32.7, 42.4)
High	18.7 (16.0, 21.8)	8.9 (6.7, 11.6)	74.1 (68.4, 79.1)	92.5 (88.4, 95.2)	47.2 (42.4, 52.1)

¹ Among those that visited the place in the past 30 days.

*Estimate based on less than 25 un-weighted cases.

6. Secondhand Smoke

Table 6.2 (cont.): Percentage of adults ≥15 years old who visited various public places in the past 30 days and were exposed to tobacco smoke, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Exposure to Tobacco Smoke ¹ in...				
	Public Transportation	Schools	Colleges/ Universities	Private Workplaces	Any of These Places
	<i>Percentage (95 % CI)</i>				
Overall	24.9 (22.5, 27.4)	11.1 (8.9, 13.8)	29.8 (25.5, 34.5)	19.7 (17.8, 21.7)	53.8 (51.6, 56.1)
<i>Gender</i>					
Male	24.5 (21.9, 27.2)	13.6 (10.4, 17.6)	35.8 (30.1, 41.8)	25.4 (23.0, 28.0)	57.5 (55.0, 60.0)
Female	25.1 (22.5, 28.0)	9.7 (7.0, 13.3)	24.5 (19.6, 30.3)	15.0 (13.0, 17.3)	50.8 (48.3, 53.3)
<i>Age (years)</i>					
15–18	24.7 (19.7, 30.5)	20.1 (13.5, 28.9)	27.5 (19.4, 37.4)	22.6 (16.9, 29.6)	68.1 (62.1, 73.6)
19–24	26.4 (22.5, 30.6)	15.1 (7.9, 26.8)	34.5 (28.0, 41.7)	22.7 (19.2, 26.7)	76.5 (72.7, 79.9)
25–44	26.0 (23.0, 29.3)	7.0 (4.9, 9.8)	24.7 (19.0, 31.3)	22.4 (19.9, 25.2)	61.0 (58.1, 63.7)
45–64	27.2 (23.6, 31.1)	8.8 (5.6, 13.7)	29.0 (20.9, 38.8)	18.5 (16.0, 21.2)	46.9 (43.8, 50.0)
65+	15.0 (11.7, 19.2)	26.0 (10.9, 50.4)	36.7 (17.7, 61.0)*	10.6 (7.5, 14.7)	25.1 (21.2, 29.6)
<i>Residence</i>					
Urban	24.8 (21.9, 27.9)	12.9 (9.9, 16.6)	31.5 (26.3, 37.1)	21.0 (18.7, 23.6)	57.9 (55.1, 60.6)
Rural	25.2 (22.0, 28.6)	7.0 (4.8, 9.9)	22.6 (17.2, 29.1)	15.3 (13.1, 17.7)	41.3 (38.6, 44.1)
<i>Education Level</i>					
Primary	12.0 (7.4, 18.8)	16.4 (3.4, 52.7)*	0.0	12.9 (6.5, 24.0)	20.7 (14.9, 28.0)
Secondary	23.2 (20.8, 25.8)	12.3 (9.2, 16.4)	25.2 (19.6, 31.8)	17.5 (15.5, 19.7)	46.0 (43.7, 48.3)
High	28.1 (24.7, 31.7)	9.2 (6.4, 13.1)	33.0 (27.4, 39.2)	23.1 (20.5, 26.0)	68.2 (65.3, 71.0)
Non-smokers	23.9 (21.4, 26.6)	9.7 (7.2, 12.9)	26.0 (21.2, 31.5)	16.8 (14.9, 18.9)	48.7 (46.4, 51.0)
<i>Gender</i>					
Male	23.3 (20.0, 27.0)	11.8 (8.0, 17.1)	30.5 (22.9, 39.4)	23.7 (20.6, 27.0)	57.0 (53.7, 60.3)
Female	24.1 (21.4, 27.1)	9.0 (6.1, 13.1)	23.1 (17.7, 29.5)	13.9 (11.8, 16.3)	45.2 (42.7, 47.8)
<i>Age (years)</i>					
15–18	22.7 (17.1, 29.5)	15.5 (9.3, 24.7)	23.6 (14.5, 35.9)	21.9 (15.3, 30.4)	63.4 (56.2, 70.0)
19–24	25.8 (20.9, 31.5)	10.7 (3.8, 26.4)	32.7 (24.5, 42.2)	17.6 (13.5, 22.6)	71.7 (66.7, 76.3)
25–44	26.4 (22.6, 30.6)	5.8 (3.5, 9.5)	20.8 (14.3, 29.1)	18.8 (15.9, 22.0)	57.0 (53.6, 60.4)
45–64	26.4 (22.8, 30.5)	7.2 (4.1, 12.3)	19.2 (10.9, 31.4)	17.7 (14.8, 21.0)	45.4 (42.1, 48.8)
65+	14.7 (11.2, 19.2)	25.2 (9.8, 51.4)	41.5 (19.6, 67.3)*	9.5 (6.4, 13.9)	24.0 (19.9, 28.6)
<i>Residence</i>					
Urban	24.1 (21.0, 27.4)	11.5 (8.1, 16.2)	28.3 (22.5, 34.9)	18.0 (15.6, 20.6)	52.8 (49.9, 55.7)
Rural	23.4 (20.0, 27.1)	6.0 (3.9, 9.3)	18.0 (12.2, 25.9)	13.2 (10.8, 16.0)	37.0 (34.0, 40.1)
<i>Education Level</i>					
Primary	9.3 (5.1, 16.5)	4.3 (0.6, 25.9)*	0.0	11.9 (4.8, 26.4)	18.0 (12.0, 26.2)
Secondary	22.6 (20.0, 25.4)	10.6 (7.1, 15.4)	23.4 (16.5, 32.1)	15.5 (13.4, 17.9)	41.7 (39.2, 44.3)
High	26.8 (23.2, 30.7)	8.7 (5.4, 13.8)	28.2 (22.2, 35.1)	18.9 (16.2, 21.8)	61.8 (58.6, 65.0)

¹ Among those that visited the place in the past 30 days.

*Estimate based on less than 25 un-weighted cases.

Table 6.2A: Percentage of adults ≥15 years old who were exposed to tobacco smoke in various public places in the past 30 days, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Adults Exposed to Tobacco Smoke ¹ in...				
	Government Buildings	Health Care Facilities	Restaurants	Bars/Night Clubs	Cafes/ Cafeterias
	<i>Percentage (95 % CI)</i>				
Overall	9.5 (8.5, 10.7)	4.1 (3.4, 4.9)	12.1 (10.7, 13.8)	15.2 (14.0, 16.5)	17.8 (16.0, 19.7)
<i>Gender</i>					
Male	11.3 (9.9, 12.9)	3.8 (3.0, 4.7)	12.7 (11.0, 14.6)	18.7 (16.9, 20.6)	20.2 (18.0, 22.5)
Female	8.0 (6.9, 9.3)	4.3 (3.5, 5.3)	11.7 (10.1, 13.5)	12.3 (11.0, 13.7)	15.9 (14.0, 18.0)
<i>Age (years)</i>					
15–18	11.0 (7.9, 15.3)	2.5 (1.1, 5.5)	7.4 (4.5, 11.9)	29.8 (24.9, 35.2)	29.1 (23.7, 35.2)
19–24	12.0 (9.7, 14.9)	2.8 (2.0, 4.1)	20.9 (17.4, 24.9)	48.5 (44.0, 53.0)	32.9 (28.8, 37.2)
25–44	11.7 (10.2, 13.4)	4.3 (3.4, 5.4)	18.1 (15.9, 20.6)	18.0 (16.2, 19.9)	23.8 (21.0, 26.8)
45–64	9.1 (7.8, 10.7)	4.6 (3.5, 5.9)	8.4 (7.0, 10.2)	3.9 (3.0, 5.0)	11.5 (9.8, 13.6)
65+	3.3 (2.2, 4.7)	4.0 (2.6, 6.1)	1.0 (0.5, 2.2)	0.2 (0.0, 0.7)	1.8 (0.9, 3.6)
<i>Residence</i>					
Urban	10.4 (9.1, 11.9)	4.3 (3.4, 5.3)	14.7 (12.8, 16.8)	17.0 (15.5, 18.6)	20.5 (18.3, 23.0)
Rural	6.9 (5.9, 8.1)	3.4 (2.6, 4.4)	4.7 (3.9, 5.7)	9.8 (8.6, 11.2)	9.8 (8.4, 11.6)
<i>Education Level</i>					
Primary	2.2 (1.0, 4.7)	3.0 (1.5, 6.0)	0.1 (0.0, 0.4)	1.0 (0.4, 2.5)	1.5 (0.6, 3.6)
Secondary	6.8 (6.0, 7.7)	3.9 (3.2, 4.8)	6.2 (5.3, 7.3)	11.3 (10.2, 12.5)	12.2 (10.9, 13.7)
High	14.6 (12.8, 16.7)	4.4 (3.4, 5.7)	22.6 (19.9, 25.5)	22.7 (20.6, 25.0)	28.2 (25.0, 31.6)
Non-smokers	8.5 (7.4, 9.7)	3.9 (3.2, 4.8)	9.2 (8.0, 10.5)	10.0 (8.9, 11.2)	13.7 (12.2, 15.4)
<i>Gender</i>					
Male	12.1 (10.1, 14.4)	4.0 (2.9, 5.5)	11.9 (9.9, 14.2)	15.3 (13.1, 17.8)	18.4 (15.9, 21.3)
Female	7.0 (5.9, 8.2)	3.8 (3.0, 4.9)	8.0 (6.8, 9.4)	7.7 (6.7, 9.0)	11.8 (10.3, 13.4)
<i>Age (years)</i>					
15–18	8.1 (5.3, 12.2)	2.6 (1.0, 6.8)	5.6 (3.0, 10.5)	21.4 (16.6, 27.1)	26.0 (20.5, 32.4)
19–24	12.1 (9.0, 16.0)	2.0 (1.1, 3.4)	20.6 (16.6, 25.2)	41.5 (35.9, 47.3)	25.7 (21.3, 30.7)
25–44	11.3 (9.3, 13.6)	3.7 (2.8, 5.0)	14.0 (11.9, 16.6)	11.9 (9.9, 14.2)	21.2 (18.4, 24.4)
45–64	8.7 (7.2, 10.6)	5.0 (3.7, 6.7)	7.5 (6.1, 9.3)	2.6 (1.7, 4.0)	9.4 (7.7, 11.4)
65+	3.0 (2.0, 4.5)	3.8 (2.5, 5.9)	0.8 (0.3, 2.3)	0.1 (0.0, 1.0)	1.4 (0.7, 2.9)
<i>Residence</i>					
Urban	9.1 (7.6, 10.7)	4.2 (3.3, 5.4)	11.2 (9.6, 12.9)	11.1 (9.7, 12.7)	16.0 (14.0, 18.1)
Rural	7.0 (5.9, 8.3)	3.1 (2.4, 3.9)	3.7 (2.9, 4.8)	6.9 (5.7, 8.4)	7.6 (6.3, 9.3)
<i>Education Level</i>					
Primary	2.2 (1.1, 4.6)	2.8 (1.4, 5.3)	0.0	0.0	0.9 (0.2, 3.7)
Secondary	6.2 (5.2, 7.3)	3.9 (3.0, 5.0)	4.4 (3.6, 5.5)	7.1 (6.0, 8.3)	9.0 (7.7, 10.4)
High	12.8 (10.8, 15.1)	4.1 (3.1, 5.4)	17.4 (15.1, 20.1)	15.7 (13.8, 17.9)	22.6 (19.9, 25.5)

¹ Among all adults in the past 30 days.

6. Secondhand Smoke

Table 6.2A (cont.): Percentage of adults ≥15 years old who were exposed to tobacco smoke in various public places in the past 30 days, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Adults Exposed to Tobacco Smoke ¹ in...				
	Public Transportation	Schools	Colleges/ Universities	Private Workplaces	Any of These Places
	<i>Percentage (95% CI)</i>				
Overall	18.1 (16.3, 20.0)	1.6 (1.2, 2.0)	3.8 (3.2, 4.5)	13.7 (12.4, 15.2)	51.4 (49.2, 53.6)
<i>Gender</i>					
Male	15.8 (14.1, 17.7)	1.5 (1.1, 2.0)	4.7 (3.8, 5.7)	17.7 (16.0, 19.6)	54.9 (52.4, 57.4)
Female	19.9 (17.8, 22.3)	1.7 (1.2, 2.3)	3.0 (2.4, 3.8)	10.4 (9.0, 12.1)	48.4 (46.0, 50.9)
<i>Age (years)</i>					
15–18	21.4 (16.9, 26.7)	9.1 (6.0, 13.5)	10.5 (7.2, 15.2)	14.1 (10.5, 18.5)	67.2 (61.2, 72.7)
19–24	22.3 (19.0, 25.9)	1.1 (0.5, 2.1)	13.4 (10.8, 16.5)	16.4 (13.8, 19.4)	75.7 (71.9, 79.1)
25–44	18.3 (16.1, 20.7)	1.4 (1.0, 2.0)	2.7 (2.1, 3.5)	16.9 (14.9, 19.0)	59.6 (56.8, 62.4)
45–64	19.9 (17.2, 23.0)	1.0 (0.6, 1.6)	1.6 (1.1, 2.3)	13.2 (11.4, 15.1)	45.4 (42.3, 48.4)
65+	9.4 (7.3, 12.0)	1.3 (0.5, 3.3)	0.6 (0.3, 1.3)	5.8 (4.1, 8.2)	21.1 (17.7, 25.0)
<i>Residence</i>					
Urban	19.1 (16.8, 21.5)	1.7 (1.3, 2.3)	4.3 (3.6, 5.2)	15.1 (13.5, 17.0)	56.0 (53.3, 58.8)
Rural	15.1 (13.1, 17.2)	1.2 (0.8, 1.7)	2.1 (1.6, 2.8)	9.6 (8.3, 11.2)	37.8 (35.1, 40.5)
<i>Education Level</i>					
Primary	5.2 (3.2, 8.4)	0.9 (0.2, 4.2)	0.0	5.6 (2.7, 11.2)	15.4 (11.0, 21.2)
Secondary	16.8 (15.0, 18.8)	1.7 (1.3, 2.3)	2.2 (1.7, 2.9)	11.7 (10.4, 13.2)	43.7 (41.5, 45.9)
High	21.4 (18.7, 24.3)	1.5 (1.0, 2.1)	6.6 (5.4, 8.0)	17.8 (15.7, 20.1)	67.1 (64.1, 69.9)
Non-smokers	17.8 (15.9, 19.9)	1.6 (1.1, 2.1)	3.2 (2.5, 4.0)	11.5 (10.2, 13.0)	46.2 (43.9, 48.4)
<i>Gender</i>					
Male	15.5 (13.2, 18.1)	1.6 (1.1, 2.4)	5.0 (3.6, 6.9)	16.3 (14.2, 18.7)	54.3 (51.0, 57.5)
Female	18.8 (16.6, 21.2)	1.6 (1.0, 2.3)	2.4 (1.8, 3.2)	9.4 (8.0, 11.2)	42.7 (40.3, 45.3)
<i>Age (years)</i>					
15–18	19.6 (14.6, 25.8)	7.9 (4.7, 13.1)	8.5 (5.0, 14.0)	13.6 (9.6, 19.0)	62.4 (55.2, 69.1)
19–24	22.4 (18.1, 27.4)	0.7 (0.3, 2.1)	13.6 (9.9, 18.3)	12.7 (9.9, 16.3)	71.2 (66.2, 75.7)
25–44	19.5 (16.6, 22.7)	1.4 (0.8, 2.3)	2.5 (1.7, 3.7)	14.1 (11.9, 16.6)	55.8 (52.4, 59.2)
45–64	20.5 (17.5, 23.9)	1.0 (0.5, 1.7)	1.0 (0.5, 1.9)	12.8 (10.7, 15.2)	44.3 (41.0, 47.6)
65+	9.2 (7.0, 12.0)	1.3 (0.5, 3.7)	0.7 (0.3, 1.5)	5.1 (3.4, 7.6)	20.0 (16.5, 24.1)
<i>Residence</i>					
Urban	19.1 (16.7, 21.8)	1.7 (1.2, 2.5)	3.7 (2.8, 4.7)	12.7 (11.0, 14.7)	50.7 (47.8, 53.6)
Rural	14.3 (12.2, 16.7)	1.2 (0.8, 1.9)	1.8 (1.2, 2.7)	8.1 (6.7, 9.8)	33.7 (30.8, 36.7)
<i>Education Level</i>					
Primary	4.0 (2.1, 7.2)	0.2 (0.0, 1.5)	0.0	4.9 (1.9, 12.0)	13.2 (8.7, 19.5)
Secondary	16.8 (14.8, 19.0)	1.7 (1.2, 2.6)	2.2 (1.5, 3.2)	10.2 (8.8, 11.8)	39.5 (37.1, 42.0)
High	21.3 (18.4, 24.6)	1.5 (0.9, 2.5)	5.0 (3.8, 6.6)	14.3 (12.3, 16.6)	60.6 (57.4, 63.7)

¹ Among all adults in the past 30 days.

government buildings in the past 30 days were exposed to SHS. Males (21.2 %) were exposed more than females (13.8 %). Categorized by age, exposure ranges from 8.5 % (65+) to 22.6 % (15–18 years). By education, it varied from 8.2 % in the primary level to 21.4 % in the higher education level. Adults in urban areas (18.3 %) who had visited government buildings had higher exposure to SHS compared to rural adults (12.9 %). Among non-smokers, 14.9 % were exposed to SHS in government buildings during their visit(s), predominantly males (21.4 %). Other demographic characteristics showed a pattern among non-smokers similar to that of all adults. For health care facilities, the level of SHS exposure among all adults was 10.2 %, 12.1 % in males and 9.1 % in females. However, there were no differences observed with respect to demographic characteristics or smoking status.

Overall, more than three fourths (78.6 %) of visitors to any restaurants during last 30 days were exposed to SHS, with the same level of exposure between males and females. The exposure among urban adults (79.8 %) was higher than that of rural adults (69.3 %). Except in very young adults (15–18) (62.5 %), all other age categories had a similar exposure rate (more than 75 %). Secondhand tobacco smoke exposure in bars/night clubs was also very high (9 in 10 adults) among those who had visited in the last 30 days. The pattern across various demographic characteristics by smoking status was similar and no significant differences were observed in any specific demographic subgroups. With respect to exposure in cafes/cafeterias, almost half of the adults who had visited these places in the last 30 days were exposed to tobacco smoke. Though insignificant, males (53.4 %) were exposed more to SHS in cafes/cafeterias than females (46.7 %). By age category, it varied from 32.9 % among adults 65 and above to 51.9 % among young adults (15–18 years). By educational level, exposure varied from 46.1 % in the primary education group to 54.3 % in the higher education group. Urban adults (52.4 %) who had visited cafes/cafeterias had a higher level of SHS exposure than rural adults (38.5 %). Non-smokers, in general, had lower exposure levels across all demographic characteristics compared to those of all adults, with most of the categories having exposure levels of around 40 %.

With respect to SHS exposure in public transportation, almost one fourth (24.9 %) of all adults had been exposed to tobacco smoke when they travelled in last 30 days. Males and females had equal exposure in public transportation (around 25 %). By age, SHS exposure varied from 27.2 % (45–64 years) to 15.0 % (65+years); by educational category it ranged from 12.0 % among adults with primary education to 28.1 % among higher educated adults. Exposure among non-smokers was almost equal to all adults in all demographic categories. GATS

data on SHS exposure in schools and colleges/ universities in the last 30 days showed low levels of exposure with respect to all demographic characteristics. However, SHS exposure in colleges/universities (29.8 %) was over twice that in schools (11.1 %). Very young (20.1 % for 15–18 years) and older adults (26.0 %) had higher exposure in schools compared to other age categories. Urban adults (12.9 %) and those with primary education (16.4 %) had the highest levels of exposure in schools, whereas the level of exposure in colleges/universities was highest among higher education adults (33.0 %). With respect to SHS exposure in private work places, 19.7 % of adults were exposed to tobacco smoke. More males (25.4 %) than females (15.0 %) reported SHS exposure in private work places when they had visited in the last 30 days. By age groups, only 10.6 % of adults in the 65 and above age group had been exposed to SHS in private work places, compared to adults in any other age group where the proportions were almost equal (22.6 % among those 15–18, 22.7 % among those 19–24, 22.4 % among those 25–44 and 18.5 % among those 45–64). The level of exposure to SHS in private work places was higher among urban adults (21.0 %) than rural adults (15.3 %). By education, the level of exposure to SHS in private work places was 12.9 % in primary, 17.5 % in secondary and 23.1 % in higher educated adults. Among non-smokers, the level exposure to tobacco smoke in private work places was 16.8 %, and that pattern was similar among all adults across various demographic categories.

6.3.2 Population Exposure to SHS at Various Public Places

Table 6.2A provides SHS exposure rates for the various public places described in **Table 6.2**, but at the population level. Thus, **Table 6.2A** provides overall population levels of exposure at public places.

Among all adults, 51.4 % were exposed to SHS in the last 30 days in various public places, such as government buildings, healthcare facilities, restaurants, bars or night clubs, cafes or cafeterias, public transportation, schools, colleges or universities, or private workplaces. A higher percentage of males (54.9 %) were exposed to SHS in these public places than females (48.4 %).

By age group, 67.2 % of all young adults ages 15–18 and 75.7 % of all adults ages 19–24 were exposed to tobacco smoke in the above mentioned public places. A marked difference was observed with respect to education. Only 15.4 % of adults with primary education were exposed to tobacco in the various public places, whereas 43.7 % of adults with secondary education and 67.1 % of adults with high education were exposed to tobacco smoke in public places.

7. Economics

The Russian Federation is the world's third-largest market for tobacco products, after China and the United States²². Estimates of the current level of legal cigarette sales in Russia vary. Euromonitor reported an increase in legal sales from 360.8 billion sticks in 2002 to 399.7 billion sticks in 2005²³. Cigarettes in Russia have become cheaper and more affordable over time¹³. In 2005, Russians spent 83.4 billion rubles (US\$ 2.9 billion) or 0.4 percent of the gross domestic product (GDP) on cigarettes. The Russian cigarette market is characterized by a wide range

of cigarette prices where consumers can choose among three main price categories: high (or premium), middle (or mid-priced) and low (or economy)¹³. According to Rosstat, the average price for a pack of cigarettes produced in Russia was 14.5 rubles and the average price for a pack of foreign brand cigarettes was 38.3 rubles⁶.

This chapter focuses on the last purchase of manufactured cigarettes by current manufactured cigarette smokers, including the source and expenditure.

Key Findings

- *Almost 7 in 10 current smokers bought manufactured cigarettes from stores.*
- *On average, a current cigarette smoker spent 567.6 rubles per month on manufactured cigarettes.*
- *The average amount spent on a pack of 20 manufactured cigarettes was 24.8 rubles.*

7.1 Brand of Manufactured Cigarettes at Last Purchase

In GATS Russian Federation, current manufactured cigarette smokers were asked to report the brand name of the last cigarettes they purchased. The survey demonstrated that in Russia close to 100 brands are currently purchased. Of these, the top five most purchased brands reported are shown in **Table 7.1**.

Among the five most purchased brands, a high proportion of current manufactured cigarette smokers bought Winston (11.4 %), followed by Bond (5.6 %), Yava (4.9 %), LD (4.8 %) and Prima (3.9 %). The majority of current smokers (69.5 %) bought other brands, which included 95 different brands, of which Troyka, Petr 1, Optima, Kent and Baykal Star were among the most prominent. However, none of these 95 other brands were in the top five brands purchased. By demographic characteristics, there was great variation in choice of brands. A higher proportion of current smokers living in urban areas bought Winston (12.0 %), whereas more rural current smokers purchased Prima (8.3 %), Bond (6.8 %), Yava (5.1 %) and LD (5.7 %), compared to their urban counterparts. Similarly, a high proportion of current smokers with higher education purchased Winston (12.7 %) in their last purchase compared to current smokers with primary education (4.7 %). Among current smokers with primary education, 18.7 % purchased Prima and 10.1 % purchased Yava. Male and female current smokers bought Winston, Bond and LD in equal proportions. However, 5.1 % of male current smokers bought Prima and 6.2 % bought Yava in their last purchase, compared to females (1.2 % Prima and 1.7 % Yava).

These differences among age, education levels, and urbanicity are important, given that Prima and Yava are much less expensive than other brands.

7.2 Source of Last Purchase of Cigarettes

Table 7.2 presents the most common source of last purchase of cigarettes among current manufactured cigarettes smokers. The most common source of manufactured cigarettes was stores (66.8 %) across all demographic characteristics, such as gender, age group, and residence. The other major source of last purchase was tobacco kiosks (16.6), followed by street vendors/markets (9.5 %), newsstands (2.7 %) and gas stations (1.1 %). Only 3.3 % used other sources, such as vending machines, post-exchanges, duty-free shops, abroad, Internet stores, restaurants/bars, or any other places. The pattern was quite similar across demographic characteristics, except for residence. The proportion of urban current smokers who purchased their last cigarettes from stores was 62.3 % compared to that of rural current smokers (81.7 %), whereas a higher proportion of urban current smokers (19.2 %) used tobacco kiosks compared to rural counterparts (7.9 %).

7.3 Expenditures on Cigarettes

Information was collected from all current manufactured cigarette smokers on money spent on their last cigarette purchase. An average expenditure for cigarettes among manufactured cigarettes smokers in the Russian Federation was calculated and is presented in **Table 7.3**.

Table 7.1: Percentage of current manufactured cigarette smokers ≥15 years old, by last brand purchased, gender, and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Last cigarette brand purchased						Total
	Winston	Bond	Yava	LD	Prima	Other ¹	
Overall	11.4 (10.0, 12.9)	5.6 (4.6, 6.7)	4.9 (4.1, 5.8)	4.8 (4.0, 5.7)	3.9 (3.3, 4.6)	69.5 (67.4, 71.6)	100
<i>Age (years)</i>	<i>Percentage(95% CI)</i>						
15–18	10.8 (6.0, 18.7)	14.9 (9.2, 23.2)	1.7 (0.5, 5.2)	7.3 (3.3, 15.4)	0.0	65.3 (54.7, 74.5)	100
19–24	17.1 (13.4, 21.6)	6.6 (4.4, 9.9)	2.4 (1.3, 4.2)	1.7 (1.0, 3.0)	0.5 (0.2, 1.3)	71.7 (66.4, 76.5)	100
25–44	13.7 (11.4, 16.3)	5.7 (4.5, 7.2)	4.7 (3.6, 6.1)	4.8 (3.7, 6.1)	1.2 (0.8, 1.8)	70.0 (66.9, 72.9)	100
45–64	7.1 (5.5, 9.0)	4.7 (3.1, 6.9)	6.0 (4.7, 7.6)	6.1 (4.5, 8.1)	6.8 (5.6, 8.3)	69.4 (66.1, 72.5)	100
65+	0.3 (0.1, 1.6)	1.5 (0.6, 4.0)	9.1 (5.4, 15.1)	5.1 (2.2, 11.2)	21.3 (15.9, 27.9)	62.7 (55.0, 69.8)	100
<i>Residence</i>	<i>Percentage(95% CI)</i>						
Urban	12.0 (10.3, 13.9)	5.2 (4.1, 6.6)	4.8 (3.8, 5.9)	4.5 (3.6, 5.7)	2.6 (2.0, 3.3)	70.9 (68.3, 73.4)	100
Rural	9.4 (7.7, 11.4)	6.8 (5.4, 8.4)	5.1 (4.0, 6.7)	5.7 (4.6, 6.9)	8.3 (6.9, 9.9)	64.8 (62.0, 67.5)	100
<i>Education Level</i>	<i>Percentage(95% CI)</i>						
Primary	4.7 (1.7, 11.9)	0.0	10.1 (4.5, 21.2)	1.5 (0.2, 9.9)	18.7 (11.2, 29.6)	65.0 (52.5, 75.8)	100
Secondary	10.8 (9.4, 12.4)	7.4 (6.1, 9.1)	5.6 (4.5, 6.9)	5.8 (4.7, 7.2)	5.2 (4.4, 6.2)	65.2 (62.7, 67.6)	100
High	12.7 (10.3, 15.6)	2.7 (1.9, 3.9)	3.4 (2.4, 4.7)	3.2 (2.3, 4.4)	1.0 (0.6, 1.8)	77.0 (73.5, 80.2)	100

Note: Current manufactured cigarette smokers includes daily and occasional (less than daily) use. The top five reported brands last purchased among all manufactured cigarette smokers are shown.

¹ Includes 95 other brands that were reported such as Troyka, Petr I, Optima, Kent, and Baykal Star. None of the 95 other brands reported were in the top 5 overall.

Table 7.2: Percentage distribution of manufactured cigarette smokers ≥15 years old, by the source of last purchase of cigarettes and selected demographic characteristics — GATS Russian Federation, 2009.

Source	Gender			Age (years)			Residence	
	Overall	Male	Female	15–24	≥ 25	Urban	Rural	
	<i>Percentage (95% CI)</i>							
Store	66.8 (64.0, 69.5)	66.6 (63.8, 69.3)	67.3 (62.5, 71.8)	68.1 (62.8, 72.9)	66.5 (63.6, 69.3)	62.3 (58.8, 65.6)	81.7 (78.5, 84.5)	
Street vendor/Market	9.5 (7.9, 11.4)	10.0 (8.3, 12.1)	8.3 (6.1, 11.2)	7.8 (5.4, 11.1)	9.9 (8.1, 12.1)	10.3 (8.3, 12.8)	7.0 (5.3, 9.0)	
Newsstand	2.7 (2.0, 3.7)	2.5 (1.8, 3.5)	3.3 (2.0, 5.5)	4.0 (2.2, 7.3)	2.4 (1.8, 3.3)	3.3 (2.4, 4.6)	0.9 (0.4, 1.8)	
Tobacco kiosk	16.6 (14.3, 19.1)	16.2 (14.0, 18.6)	17.5 (13.6, 22.2)	16.6 (13.2, 20.7)	16.6 (14.2, 19.3)	19.2 (16.4, 22.4)	7.9 (6.0, 10.4)	
Gas station	1.1 (0.7, 1.8)	1.3 (0.8, 2.1)	0.6 (0.2, 2.0)	1.0 (0.4, 2.8)	1.1 (0.7, 1.9)	1.2 (0.7, 2.1)	0.6 (0.3, 1.2)	
Other ¹	3.3 (2.5, 4.2)	3.4 (2.5, 4.6)	2.9 (1.9, 4.4)	2.5 (1.3, 4.7)	3.4 (2.6, 4.5)	3.7 (2.7, 4.9)	1.9 (1.3, 2.8)	
Total	100	100	100	100	100	100	100	

*Estimate based on less than 25 un-weighted cases.

¹ Other includes the following categories: vending machine, post exchange, duty-free shop, abroad, internet store, restaurant/bar, and any other places not listed.

7. Economics

On average, a current manufactured cigarette smoker spent 567.6 rubles per month on manufactured cigarettes. The highest spending age group on manufactured cigarettes was 25–44 years (610.7 rubles per month), followed by 19–24 years (595 rubles per month). Current manufactured cigarette smokers in the 15–18 age group spent 389.3 rubles per month. Urban cigarette smokers spent 590.7 rubles per month, which was almost 100 rubles higher than the average amount spent by rural cigarette smokers (491.5 rubles per month), who tended to purchase less expensive cigarettes. Males spent 607.7 rubles per month as opposed to female smokers who spent 473.3 rubles per month. Significantly, the average amount spent on

manufactured cigarettes by a manufactured cigarette smoker with primary education (279.9 rubles per month) was almost 400 rubles less than that of a high educated smoker (682.6 rubles per month).

Survey results also showed that the average amount spent per pack of 20 manufactured cigarettes was 24.8 rubles. Calculating the average price of 100 packs of manufactured cigarettes (2480 rubles) and factoring in the gross domestic product (GDP) as of September 2009 (39.06 trillion rubles GDP, equivalent to 275 thousand rubles per capita based on current population)⁶ suggested that 0.9 % of the GDP was spent on the purchase of manufactured cigarettes in 2009.

Table 7.3: Average cigarette expenditure per month among manufactured cigarette smokers ≥15 years old, by selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Cigarette expenditure per month (rubles)
	<i>Average (95 % CI)</i>
Overall	567.6 (527.4, 607.7)
<i>Gender</i>	
Male	607.7 (562.6, 652.9)
Female	473.3 (398.5, 548.1)
<i>Age (years)</i>	
15–18	389.3 (296.0, 482.6)
19–24	595.0 (532.3, 657.6)
25–44	610.7 (548.1, 673.3)
45–64	527.5 (468.5, 586.5)
65+	464.1 (260.1, 668.1)
<i>Residence</i>	
Urban	590.7 (541.1, 640.3)
Rural	491.5 (440.2, 542.7)
<i>Education Level</i>	
Primary	279.9 (196.3, 363.5)
Secondary	507.5 (465.4, 549.7)
High	682.6 (611.3, 753.8)

8. Media

A comprehensive ban on marketing and promotion is a powerful weapon against the tobacco epidemic. To be effective, bans must be complete and apply to all marketing and promotional categories³, which should reduce the social desirability of smoking, in particular among young people.

In the Russian Federation, regular anti-smoking programs—including promotional videos and broadcasts on the harmful consequences of tobacco consumption—started being broadcast on television and radio² in September 2009 under a government plan for creating healthy lifestyles, and this established a portal for issues related to tobacco consumption. Advertising tobacco, tobacco products and smoking accessories should not target minors, promote smoking and its appeal, or criticize smoking cessation. Advertising materials should not be placed on television and radio broadcasts, cinema and video shows; in printed sources; in audio and video production

targeting minors; in streets and on buildings; on all types of public vehicles; and in health care, educational, cultural, sports and health and fitness organizations and within a 100 meter radius of those venues. Promotional activities with free distribution of tobacco samples were prohibited in the places where selling tobacco was not allowed. According to the technical regulations for tobacco products that came into effect in the end of 2009, messages warning about the harmful consequences of consuming tobacco products must be placed on consumer packaging of tobacco products: one warning “Smoking kills” and one additional warning from a specific list. The main warning note had to be on one large side (front face) of the cigarette package and should cover at least 30 % of the side. The other warning note had to be placed on the other large side and should cover at least 50 %. The notes were to be outlined in a black frame².

Key Findings

- *7 in 10 adults noticed anti-cigarette smoking information in the media or public places.*
- *Most current smokers (94 %) noticed a health warning on cigarette packages and a third of current smokers (34 %) thought about quitting because of the health warning.*
- *7 in 10 adults noticed cigarette advertisements, sponsorships, or promotions.*
- *Despite restrictions on advertising on television, about 11 % of adults noticed cigarette advertising on television.*
- *Younger adults ages 15–24 noticed cigarette advertisements (80.9 %) more than older adults (65.2 %).*

GATS in the Russian Federation provided an opportunity to track tobacco control interventions, and focus on media awareness in both smokers and non-smokers. The data presented in this chapter relay information on awareness of anti-tobacco information in various mass media and public places, effects of health warnings on cigarette packages, and awareness of various forms of tobacco marketing.

8.1 Anti-Cigarette Smoking Information

The percentages of adults ≥15 years old who noticed information about the dangers of smoking cigarettes (or that encouraged quitting) in various places during the last 30 days, are presented in **Table 8.1**. Overall, 68.1 % noticed anti-cigarette smoking information during the last 30 days. The largest percentage noticed information while watching television or listening to the radio (42.3 %). The second largest percentage was from newspapers or magazines (33.7 %), while other common sources were billboards (24.8 %) and in stores (20.0 %). Slightly more women noticed anti-cigarette smoking

information than men (69.1 % vs. 66.8 %), and the younger age group (15–24) noticed anti-cigarette information more than those 25 and over (72.7 % vs. 67.1 %). Those who resided in urban locations noticed anti-cigarette smoking information more than those in rural locations (70.4 % vs. 61.4 %); the difference was especially noticeable for billboards (urban 27.7 %, rural 16.2 %), which was to be expected.

By smoking status, there were very few differences between current smokers and non-smokers in noticing anti-cigarette smoking information (overall: current smokers 68.2 % vs. non-smokers 68.0 %). Within both subgroups (current smokers and non-smokers), the same patterns of noticing anti-cigarette smoking information emerged as for all adults — the highest percentage was on television or the radio, followed by newspapers or magazines, billboards, and stores. When looking at demographic characteristics (gender, age, and residence) within the smoking status subgroups, the same patterns again were evident, where females were higher than males, the younger age group was higher than the older age group, and urban was higher than rural.

Table 8.1: Percentage of adults ≥15 years old who noticed anti-cigarette smoking information during the last 30 days in various places, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Places	Overall	Gender			Age(years)			Residence	
		Male	Female	15–24	≥25	Urban	Rural		
<i>Overall (95% CI)</i>									
In newspapers or magazines	33.7 (31.8, 35.7)	31.1 (29.1, 33.2)	35.9 (33.6, 38.3)	32.4 (29.0, 36.0)	34.0 (32.0, 36.1)	33.8 (31.4, 36.3)	33.5 (30.8, 36.2)		
On television or radio	42.3 (40.2, 44.6)	41.2 (38.8, 43.7)	43.3 (40.7, 45.9)	42.2 (38.7, 45.7)	42.4 (40.1, 44.7)	43.4 (40.7, 46.1)	39.3 (36.1, 42.5)		
On television	38.6 (36.5, 40.8)	37.2 (34.9, 39.6)	39.7 (37.2, 42.3)	39.9 (36.4, 43.5)	38.3 (36.2, 40.5)	39.3 (36.6, 42.0)	36.7 (33.6, 39.8)		
On the radio	10.8 (9.6, 12.2)	10.9 (9.6, 12.2)	10.8 (9.2, 12.6)	9.1 (7.4, 11.3)	11.2 (9.8, 12.7)	11.6 (10.1, 13.4)	8.4 (7.0, 10.1)		
On billboards	24.8 (22.4, 27.2)	25.2 (22.7, 28.0)	24.4 (21.9, 27.0)	31.8 (28.5, 35.4)	23.2 (20.8, 25.8)	27.7 (24.7, 30.9)	16.2 (14.3, 18.4)		
On the subway	7.6 (5.8, 9.9)	7.2 (5.5, 9.4)	8.0 (5.9, 10.6)	11.1 (8.1, 15.0)	6.9 (5.2, 9.0)	9.6 (7.3, 12.6)	1.8 (1.2, 2.5)		
In stores	20.0 (18.3, 21.8)	22.0 (19.9, 24.3)	18.3 (16.4, 20.3)	26.9 (23.8, 30.2)	18.5 (16.8, 20.3)	21.5 (19.4, 23.9)	15.4 (13.4, 17.7)		
Somewhere else	9.9 (8.9, 11.1)	10.2 (8.9, 11.7)	9.7 (8.5, 11.0)	14.2 (11.9, 16.8)	9.0 (8.0, 10.1)	10.5 (9.2, 12.0)	8.1 (6.9, 9.6)		
Any Location	68.1 (65.6, 70.5)	66.8 (64.2, 69.4)	69.1 (66.4, 71.7)	72.7 (69.0, 76.1)	67.1 (64.5, 69.5)	70.4 (67.2, 73.3)	61.4 (58.1, 64.5)		

Table 8.1 (cont.): Percentage of adults ≥15 years old who noticed anti-cigarette smoking information during the last 30 days in various places, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Places	Overall	Gender		Age(years)			Residence	
		Male	Female	15–24	≥ 25	Urban	Rural	
<i>Current smokers¹</i>								
<i>Percentage (95% CI)</i>								
In newspapers or in magazines	31.9 (29.6, 34.3)	29.9 (27.5, 32.4)	36.5 (32.2, 41.1)	30.2 (25.9, 35.0)	32.3 (29.8, 34.9)	31.9 (29.1, 35.0)	31.7 (28.6, 35.1)	
On television or the radio	41.6 (39.0, 44.3)	40.6 (37.8, 43.3)	44.0 (39.5, 48.6)	41.0 (35.9, 46.2)	41.7 (39.0, 44.6)	42.2 (39.0, 45.6)	39.5 (35.8, 43.2)	
On television	38.1 (35.5, 40.8)	36.8 (34.2, 39.6)	41.1 (36.5, 45.9)	38.7 (33.6, 44.0)	38.0 (35.3, 40.8)	38.6 (35.3, 41.9)	36.7 (33.2, 40.4)	
On the radio	10.0 (8.6, 11.7)	9.9 (8.5, 11.5)	10.3 (7.6, 13.9)	8.4 (6.1, 11.5)	10.4 (8.9, 12.3)	10.5 (8.7, 12.6)	8.6 (7.0, 10.6)	
On billboards	27.8 (24.7, 31.0)	26.8 (23.7, 30.2)	30.0 (25.5, 34.9)	32.1 (27.8, 36.6)	26.8 (23.4, 30.4)	30.9 (27.1, 35.0)	17.5 (15.0, 20.2)	
On the subway	10.1 (7.7, 13.2)	7.5 (5.7, 9.9)	16.1 (11.4, 22.2)	13.2 (9.4, 18.2)	9.4 (7.0, 12.5)	12.5 (9.4, 16.4)	2.4 (1.4, 3.9)	
In stores	22.7 (20.3, 25.4)	22.9 (20.2, 25.8)	22.5 (18.6, 26.8)	27.3 (23.0, 32.1)	21.6 (19.1, 24.5)	24.3 (21.2, 27.6)	17.6 (15.1, 20.4)	
Somewhere else	11.2 (9.8, 12.8)	10.3 (8.8, 12.0)	13.3 (10.7, 16.4)	14.2 (11.2, 17.8)	10.5 (9.1, 12.1)	11.6 (9.9, 13.6)	9.9 (8.1, 12.1)	
Any Location	68.2 (65.1, 71.1)	66.2 (63.0, 69.2)	72.6 (68.1, 76.7)	72.8 (67.6, 77.4)	67.0 (63.8, 70.1)	70.2 (66.4, 73.8)	61.4 (57.6, 65.0)	
<i>Non-smokers²</i>								
In newspapers or in magazines	34.9 (32.8, 37.1)	33.0 (30.3, 35.9)	35.7 (33.3, 38.2)	34.0 (29.6, 38.7)	35.1 (32.9, 37.4)	35.1 (32.4, 37.9)	34.5 (31.4, 37.6)	
On television or the radio	42.8 (40.4, 45.3)	42.3 (39.1, 45.5)	43.1 (40.3, 45.9)	43.1 (38.8, 47.5)	42.8 (40.2, 45.4)	44.2 (41.0, 47.3)	39.2 (35.7, 42.8)	
On television	38.9 (36.5, 41.3)	37.8 (34.7, 40.9)	39.4 (36.6, 42.1)	40.8 (36.5, 45.2)	38.5 (36.1, 41.0)	39.7 (36.7, 42.8)	36.6 (33.2, 40.2)	
On the radio	11.3 (9.9, 12.9)	12.2 (10.5, 14.3)	10.9 (9.3, 12.7)	9.7 (7.3, 12.8)	11.6 (10.1, 13.4)	12.4 (10.6, 14.5)	8.3 (6.7, 10.1)	
On billboards	22.8 (20.5, 25.3)	22.8 (19.8, 26.2)	22.8 (20.4, 25.5)	31.7 (27.4, 36.3)	21.0 (18.7, 23.6)	25.5 (22.5, 28.7)	15.5 (13.3, 18.1)	
On the subway	6.0 (4.5, 8.0)	6.7 (4.9, 9.2)	5.7 (4.1, 7.9)	9.6 (6.7, 13.7)	5.3 (3.8, 7.2)	7.7 (5.6, 10.4)	1.4 (0.9, 2.1)	
In stores	18.2 (16.5, 20.0)	20.7 (18.2, 23.4)	17.1 (15.3, 19.2)	26.6 (22.6, 30.9)	16.5 (14.9, 18.3)	19.7 (17.6, 22.0)	14.1 (11.9, 16.6)	
Somewhere else	9.1 (7.9, 10.4)	10.0 (8.2, 12.2)	8.6 (7.4, 10.1)	14.2 (11.4, 17.5)	8.0 (6.9, 9.3)	9.8 (8.3, 11.5)	7.1 (5.8, 8.8)	
Any Location	68.0 (65.5, 70.5)	67.7 (64.6, 70.7)	68.1 (65.3, 70.8)	72.7 (68.6, 76.4)	67.1 (64.4, 69.7)	70.5 (67.2, 73.5)	61.4 (57.8, 64.9)	

¹ Includes daily and occasional (less than daily) smokers.

² Includes former and never smokers.

Table 8.1A: Percentage of adults ≥15 years old who noticed anti-smokeless tobacco information during the last 30 days in various places, by selected demographic characteristics — GATS Russian Federation, 2009.

Places	Overall	Gender		Age (years)			Residence	
		Male	Female	15–24	≥ 25	Urban	Rural	
<i>Overall (95% CI)</i>								
In newspapers or in magazines	3.8 (3.2, 4.5)	3.8 (3.0, 4.7)	3.8 (3.1, 4.7)	3.4 (2.5, 4.6)	3.9 (3.2, 4.7)	3.5 (2.8, 4.4)	4.6 (3.6, 5.8)	
On television or the radio	6.0 (5.0, 7.1)	6.2 (5.1, 7.5)	5.8 (4.8, 7.2)	5.6 (4.2, 7.5)	6.1 (5.1, 7.3)	5.8 (4.7, 7.3)	6.5 (5.2, 8.3)	
On television	4.6 (3.8, 5.5)	4.7 (3.8, 5.7)	4.5 (3.7, 5.5)	4.7 (3.5, 6.3)	4.6 (3.8, 5.5)	4.4 (3.5, 5.6)	5.0 (3.9, 6.3)	
On the radio	1.3 (1.0, 1.7)	1.6 (1.2, 2.2)	1.1 (0.7, 1.6)	0.7 (0.3, 1.3)	1.5 (1.1, 1.9)	1.3 (0.9, 1.8)	1.4 (1.0, 1.9)	
On billboards	1.7 (1.2, 2.3)	1.8 (1.3, 2.6)	1.6 (1.1, 2.3)	1.4 (0.9, 2.3)	1.7 (1.3, 2.4)	1.7 (1.1, 2.4)	1.7 (1.2, 2.5)	
On the subway	1.0 (0.6, 1.8)	1.4 (0.7, 2.7)	0.7 (0.4, 1.4)	1.2 (0.5, 2.5)	1.0 (0.6, 1.7)	1.2 (0.7, 2.2)	0.4 (0.2, 1.1)	
In stores	1.9 (1.4, 2.6)	2.2 (1.6, 3.2)	1.7 (1.2, 2.3)	1.8 (1.2, 2.7)	2.0 (1.4, 2.7)	2.0 (1.4, 2.9)	1.6 (1.1, 2.4)	
Somewhere else	0.5 (0.4, 0.7)	0.6 (0.4, 0.9)	0.5 (0.3, 0.8)	0.4 (0.2, 0.8)	0.5 (0.4, 0.8)	0.5 (0.3, 0.7)	0.6 (0.4, 1.0)	
Any Location	19.2 (16.4, 22.4)	19.9 (16.8, 23.4)	18.6 (15.5, 22.1)	17.0 (13.7, 21.0)	19.7 (16.7, 23.0)	18.4 (15.0, 22.4)	21.8 (17.8, 26.3)	

8.2 Anti-Smokeless Tobacco Information

The percentages of adults ≥ 15 years old who noticed information about the dangers of using smokeless tobacco (or that encouraged quitting) in various places during the last 30 days, are presented in **Table 8.1A**. The percentages of adults noticing anti-smokeless tobacco information were much lower than those noticing anti-cigarette smoking information. Overall, 19.2 % had noticed anti-smokeless tobacco information during the last 30 days. The largest percentage noticed information while watching television or listening to the radio (6.0 %) while the next largest percentage was from newspapers or magazines (3.8 %).

There were very small differences among the demographic variables. Slightly more men noticed anti-smokeless tobacco information than women (19.9 % vs. 18.6 %), the ≥ 25 age groups were slightly higher than the 15–24 age group (19.7 % vs. 18.6 %), and rural residence was higher than urban residence (21.8 % vs. 18.4 %). These differences were the opposite of the

anti-cigarette information, where women were higher than men, the younger age group was higher than the older age group, and urban residence was higher than rural residence.

8.3 Effect of Health Warning Labels on Cigarette Packages

Table 8.2 shows the percentage of current smokers ≥ 15 years old who noticed health warnings on cigarette packages and considered quitting because of the warning labels during the last 30 days. Among current smokers, 94.2 % noticed health warnings on cigarette packages and 31.7 % thought about quitting smoking because of those health warnings.

There were no differences between males and females for noticing health warnings (94.1 % and 94.2 %) and for thinking about quitting (31.6 % and 31.9 %).

There were slight differences among age groups — ages 19–24 and 25–44 had the highest percentages of those who noticed health warnings (approximately 95 %), while the 65+ age group had the lowest percentage (86.8 %). The youngest

Table 8.2: Percentage of current smokers ≥ 15 years old who noticed health warnings on cigarette packages and considered quitting because of the warning labels during the last 30 days, by selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Current smokers ¹ who...	
	Noticed health warnings on cigarette package ²	Thought about quitting because of warning label ²
	<i>Percentage(95 % CI)</i>	
Overall	94.2 (92.7, 95.4)	31.7 (28.9, 34.6)
<i>Gender</i>		
Male	94.1 (92.6, 95.4)	31.6 (28.8, 34.5)
Female	94.2 (91.5, 96.0)	31.9 (27.4, 36.9)
<i>Age (years)</i>		
15–18	91.7 (81.4, 96.5)	35.3 (25.3, 46.8)
19–24	95.0 (92.1, 96.9)	34.5 (28.8, 40.8)
25–44	95.5 (93.9, 96.7)	31.3 (27.9, 34.8)
45–64	93.5 (91.1, 95.3)	31.1 (27.4, 35.1)
65+	86.8 (78.5, 92.2)	28.4 (21.4, 36.6)
<i>Residence</i>		
Urban	93.8 (91.8, 95.3)	29.8 (26.4, 33.4)
Rural	95.5 (93.7, 96.8)	38.1 (34.3, 42.0)
<i>Education Level</i>		
Primary	86.8 (77.9, 92.4)	29.3 (19.3, 41.9)
Secondary	94.9 (93.3, 96.1)	34.3 (31.4, 37.3)
High	93.5 (90.8, 95.5)	27.5 (23.2, 32.3)

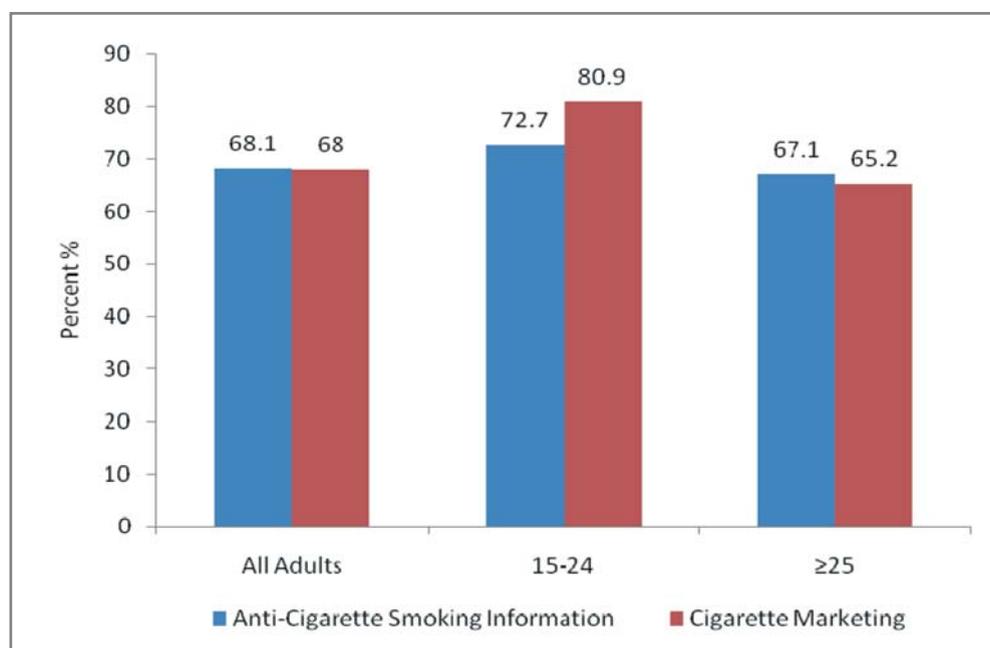
¹ Includes daily and occasional (less than daily) smokers.

² During the last 30 days.

Table 8.3: Percentage of adults ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics — GATS Russian Federation, 2009.

Places	Overall	Gender		Age (years)			Residence	
		Male	Female	15–24	≥25	Urban	Rural	
<i>Noticed advertisements</i>								
In stores	43.6 (41.0, 46.2)	46.1 (43.3, 48.9)	41.6 (38.8, 44.4)	52.9 (49.2, 56.5)	41.6 (38.9, 44.4)	46.7 (43.5, 49.9)	34.6 (31.0, 38.3)	
On television	11.5 (10.1, 13.0)	12.0 (10.6, 13.6)	11.0 (9.5, 12.8)	13.6 (11.3, 16.1)	11.0 (9.6, 12.6)	11.8 (10.1, 13.8)	10.5 (8.6, 12.8)	
On the radio	2.2 (1.6, 2.9)	2.6 (1.9, 3.5)	1.8 (1.3, 2.6)	2.0 (1.2, 3.3)	2.2 (1.7, 2.9)	2.5 (1.8, 3.4)	1.2 (0.9, 1.7)	
On billboards	28.2 (25.6, 30.9)	29.7 (26.9, 32.7)	26.9 (24.3, 29.7)	36.6 (32.6, 40.8)	26.3 (23.8, 29.0)	31.7 (28.5, 35.1)	17.7 (15.3, 20.4)	
In newspapers or magazines	33.3 (31.0, 35.6)	32.7 (30.3, 35.2)	33.8 (31.2, 36.6)	42.8 (39.5, 46.2)	31.3 (28.9, 33.7)	36.5 (33.7, 39.4)	23.9 (21.3, 26.8)	
On the internet	8.7 (7.5, 10.1)	11.0 (9.5, 12.8)	6.8 (5.6, 8.3)	19.4 (16.7, 22.4)	6.4 (5.3, 7.7)	9.7 (8.2, 11.5)	5.8 (4.8, 7.1)	
Somewhere else	4.4 (3.8, 5.2)	5.2 (4.4, 6.2)	3.8 (3.1, 4.7)	6.0 (4.6, 7.8)	4.1 (3.4, 4.9)	5.0 (4.2, 6.0)	2.8 (2.2, 3.7)	
Noticed sports sponsorship	6.6 (5.6, 7.8)	10.0 (8.5, 11.7)	3.9 (3.0, 5.0)	9.8 (7.7, 12.4)	5.9 (5.0, 7.0)	7.2 (5.9, 8.7)	5.0 (4.1, 6.2)	
<i>Noticed cigarette promotions</i>								
Free samples	13.0 (11.5, 14.8)	14.4 (12.5, 16.5)	11.9 (10.2, 13.8)	18.7 (15.8, 22.0)	11.8 (10.3, 13.5)	15.3 (13.3, 17.5)	6.4 (5.2, 7.8)	
Clothing/item with brand name or logo	20.9 (19.2, 22.7)	23.6 (21.6, 25.8)	18.7 (16.9, 20.6)	31.5 (28.4, 34.7)	18.6 (17.0, 20.4)	23.1 (21.0, 25.4)	14.5 (12.5, 16.7)	
Noticed any advertisement, sponsorship, or promotion	68.0 (65.8, 70.2)	71.6 (69.3, 73.9)	65.0 (62.4, 67.5)	80.9 (77.9, 83.6)	65.2 (62.8, 67.6)	72.4 (69.7, 74.9)	55.3 (51.8, 58.7)	

Figure 8–1: Noticing anti-cigarette smoking information vs. noticing cigarette marketing among adults (15 and older), by age — GATS Russian Federation 2009.



age group (15–18) thought about quitting the most because of the health warnings (35.3 %) while the 65+ (28.4 %) age group had the lowest percentage who thought about quitting.

With respect to residence, current tobacco smokers in rural areas noticed health warnings slightly more than those in urban areas (95.5 % vs. 93.8 %) and thought about quitting smoking more than those in urban areas (38.1 % vs. 29.8 %).

There were clear differences among education levels, as 86.8 % of those in the primary education level noticed health warnings compared to around 94–95 % of those in the secondary and high education levels. However, this trend was not repeated for thinking about quitting smoking because of the health warnings. Those in the high education level were the least likely to think about quitting (27.5 %), while those in the secondary education level were the most likely (34.3 %).

8.4 Tobacco Marketing

8.4.1 Noticing Cigarette Marketing in Various Public Places

The percentages of adults aged ≥ 15 years who noticed cigarette marketing in public places and media in the last 30 days—such as stores where cigarettes are sold, television, radio, billboards, newspapers or magazines, Internet, sports sponsorship, free samples, and clothing with brand names—are presented in **Table 8.3**. The percentage of adults who noticed any cigarette advertisement, sponsorship or promotion was 68.0 %. The most common place cigarette marketing was noticed was in stores (43.6 %); the other highest sources were newspapers/magazines (33.3 %), billboards (28.2 %), and

clothing with a brand name or logo (20.9 %). The least common sources were radio (2.2 %), sports sponsorship (6.6 %), and Internet (8.7 %). These patterns held true for each of the demographic subgroups.

Comparing the demographic subgroups, a higher percentage of males (71.6 %) had noticed cigarette marketing in the last 30 days than females (65.0 %); those living in urban locations (72.4 %) noticed cigarette marketing more than those living in rural areas (55.3 %); and the younger age group (15–24) (80.9 %) noticed cigarette marketing more than the older age groups ≥ 25 (65.2 %). This difference between the age groups for marketing was in contrast to previously discussed findings where younger and older groups noticed *anti*-cigarette smoking information at a similar rate (displayed in **Figure 8–1**). This suggested that younger adults were being targeted more frequently with cigarette marketing.

Table 8.4 provides the same data analyses for current smokers. The percentage of current smokers who noticed any cigarette advertisement, sponsorship or promotion was 75.5 %. The most common source of noticing cigarette marketing for current smokers was in stores (51.1 %), while the other highest sources were newspapers/magazines (37.1 %), billboards (32.0 %), and clothing with a brand name or logo (24.7 %). The least common sources for current smokers were radio (2.6 %), sports sponsorship (8.9 %), and Internet (11.2 %). Again, these patterns held true for each of the demographic subgroups.

For demographic subgroups among current smokers, a higher percentage of females (80.7 %) had noticed cigarette marketing in the last 30 days than males (73.2 %) (the opposite of overall findings for all adults). Similar to the findings of all adults, the younger age group (15–24) noticed cigarette marketing more (82.7 %) than those ≥ 25 (73.7 %), and those

living in urban locations (79.1 %) noticed cigarette marketing more than those living in rural areas (63.4 %).

Table 8.5 provides the same data analyses for current non-smokers. Non-smokers clearly noticed all sources of cigarette marketing less than current smokers. The percentage of non-smokers who noticed any cigarette advertisement, sponsorship or promotion was 63.2 %. The most common place where non-smokers noticed cigarette marketing was in stores (38.8 %), while the other highest sources were newspapers/magazines (30.9 %), billboards (25.7 %), and clothing with a brand name or logo (18.5 %). The least common sources for non-smokers were radio (1.9 %), sports sponsorship (5.2 %), and Internet (7.1 %). These patterns for non-smokers were the same for current smokers, and also held true for each of the demographic subgroups for non-smokers.

For the demographic subgroups among non-smokers, a higher percentage of males (69.3 %) noticed cigarette marketing in the last 30 days than females (60.7 %), which was the reverse of the findings of current smokers. Similar to the findings of current smokers, the younger age group (15–24) noticed cigarette marketing more (79.6 %) than those ≥ 25 (60.0 %), and those living in urban locations (67.8 %) noticed cigarette marketing more than those living in rural areas (50.7 %).

8.4.2 Noticing Smokeless Tobacco Marketing in Various Public Places

The percentages of adults over age 15 who in the last 30 days noticed smokeless tobacco marketing in public places and media—such as stores where cigarettes are sold, television, radio, billboards, newspapers or magazines, Internet, sports sponsorship, free samples, and clothing with brand names—are presented in **Table 8.6**. The percentage of adults who noticed any smokeless tobacco advertisement, sponsorship or promotion was only 6.8 %, which was much lower than the percentage who noticed cigarette marketing, as discussed in the previous section. The most common source of noticing smokeless tobacco marketing was on the Internet (2.0 %) while the other highest sources were stores (1.4 %) and newspapers/magazines (1.2 %). This pattern was the same for each of the demographic subgroups.

Comparing the demographic subgroups, a higher percentage of males (8.2 %) noticed cigarette marketing in the last 30 days than females (5.6 %); the younger age group (15–24) noticed cigarette marketing more (9.2 %) than those ≥ 25 (6.2 %); and those living in urban locations (7.1 %) noticed cigarette marketing more than those living in rural areas (5.8 %).

Table 8.4: Percentage of current smokers ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics — GATS Russian Federation, 2009.

Places	Overall	Gender		Age(years)			Residence	
		Male	Female	15–24	≥ 25	Urban	Rural	
<i>Noticed advertisements</i>								
In stores	51.1 (47.8, 54.4)	49.2 (46.0, 52.4)	55.5 (50.0, 60.8)	59.3 (53.8, 64.5)	49.2 (45.6, 52.7)	54.3 (50.2, 58.4)	40.6 (36.6, 44.8)	
On television	11.5 (9.7, 13.5)	11.0 (9.5, 12.7)	12.6 (9.4, 16.8)	13.0 (10.0, 16.8)	11.1 (9.3, 13.2)	12.0 (9.8, 14.6)	9.8 (8.0, 12.0)	
On the radio	2.6 (1.8, 3.7)	2.6 (1.7, 3.9)	2.6 (1.5, 4.5)	2.4 (1.3, 4.2)	2.7 (1.8, 3.9)	2.9 (1.9, 4.3)	1.7 (1.1, 2.7)	
On billboards	32.0 (28.7, 35.4)	31.4 (28.3, 34.8)	33.1 (28.2, 38.5)	38.2 (32.5, 44.1)	30.5 (27.1, 34.0)	35.2 (31.1, 39.5)	21.3 (18.4, 24.5)	
In newspapers or magazines	37.1 (34.2, 40.1)	32.7 (30.1, 35.4)	47.3 (42.4, 52.3)	43.6 (38.9, 48.3)	35.6 (32.5, 38.7)	40.1 (36.5, 43.7)	27.4 (24.4, 30.6)	
On the internet	11.2 (9.3, 13.4)	10.8 (8.9, 12.9)	12.2 (8.8, 16.8)	19.5 (15.8, 23.9)	9.2 (7.3, 11.6)	12.7 (10.3, 15.5)	6.5 (5.0, 8.4)	
Somewhere else	5.3 (4.3, 6.4)	5.8 (4.7, 7.1)	4.1 (2.9, 5.9)	5.8 (4.0, 8.3)	5.2 (4.2, 6.4)	5.8 (4.6, 7.2)	3.7 (2.8, 4.9)	
Noticed sports sponsorship	8.9 (7.4, 10.7)	10.6 (8.8, 12.6)	5.1 (3.3, 7.9)	11.8 (8.9, 15.4)	8.2 (6.7, 10.1)	9.5 (7.6, 11.9)	6.8 (5.4, 8.6)	
<i>Noticed cigarette promotions</i>								
Free samples	15.8 (13.7, 18.1)	15.0 (13.0, 17.4)	17.6 (13.9, 21.9)	21.5 (17.2, 26.4)	14.4 (12.4, 16.8)	18.0 (15.4, 21.0)	8.5 (6.9, 10.5)	
Clothing/item with brand name or logo	24.7 (22.5, 27.1)	25.0 (22.4, 27.7)	24.1 (20.7, 27.9)	36.6 (32.3, 41.1)	21.9 (19.5, 24.4)	26.9 (24.1, 29.9)	17.7 (15.1, 20.6)	
Noticed any advertisement, sponsorship, or promotion	75.5 (73.0, 77.8)	73.2 (70.5, 75.7)	80.7 (77.0, 84.0)	82.7 (78.9, 86.0)	73.7 (71.0, 76.3)	79.1 (76.2, 81.8)	63.4 (59.7, 67.0)	

Note: Current smokers includes daily and occasional (less than daily) smokers.

Table 8.5: Percentage of current non-smokers ≥15 years old who noticed cigarette marketing during the last 30 days in various places, by selected demographic characteristics — GATS Russian Federation, 2009.

Places	Overall	Gender		Age (years)			Residence	
		Male	Female	15–24	≥ 25	Urban	Rural	
<i>Noticed advertisements</i>								
In stores	38.8 (36.2, 41.5)	41.4 (38.0, 44.8)	37.7 (35.0, 40.5)	48.1 (43.4, 52.9)	36.9 (34.2, 39.7)	41.6 (38.4, 44.9)	31.2 (27.4, 35.2)	
On television	11.5 (10.0, 13.1)	13.5 (11.4, 16.0)	10.6 (9.1, 12.3)	14.0 (11.2, 17.3)	11.0 (9.5, 12.6)	11.7 (9.9, 13.7)	10.9 (8.7, 13.6)	
On the radio	1.9 (1.4, 2.5)	2.5 (1.8, 3.5)	1.6 (1.1, 2.4)	1.7 (0.7, 4.1)	1.9 (1.4, 2.5)	2.2 (1.5, 3.1)	1.0 (0.7, 1.4)	
On billboards	25.7 (23.2, 28.4)	27.1 (23.8, 30.7)	25.2 (22.5, 27.9)	35.5 (30.9, 40.2)	23.8 (21.3, 26.4)	29.4 (26.2, 32.8)	15.7 (13.2, 18.6)	
In newspapers or magazines	30.9 (28.6, 33.2)	32.7 (29.4, 36.1)	30.1 (27.6, 32.7)	42.3 (37.9, 46.7)	28.6 (26.2, 31.1)	34.1 (31.3, 37.0)	22.0 (19.0, 25.3)	
On the internet	7.1 (6.1, 8.4)	11.4 (9.3, 13.9)	5.3 (4.4, 6.5)	19.3 (15.7, 23.5)	4.7 (3.8, 5.7)	7.7 (6.4, 9.4)	5.5 (4.3, 6.9)	
Somewhere else	3.9 (3.2, 4.7)	4.4 (3.3, 5.6)	3.7 (2.9, 4.7)	6.2 (4.4, 8.6)	3.4 (2.8, 4.3)	4.5 (3.6, 5.5)	2.3 (1.6, 3.3)	
Noticed sports sponsorship	5.2 (4.2, 6.4)	9.1 (7.4, 11.3)	3.5 (2.7, 4.6)	8.4 (6.0, 11.6)	4.5 (3.7, 5.5)	5.6 (4.4, 7.2)	4.0 (3.1, 5.2)	
<i>Noticed cigarette promotions</i>								
Free samples	11.2 (9.7, 13.0)	13.4 (10.9, 16.3)	10.4 (8.7, 12.3)	16.7 (13.3, 20.7)	10.1 (8.7, 11.8)	13.5 (11.4, 15.8)	5.2 (4.0, 6.8)	
Clothing/item with brand name or logo	18.5 (16.7, 20.4)	21.5 (19.1, 24.2)	17.2 (15.3, 19.2)	27.7 (23.9, 31.8)	16.6 (14.8, 18.5)	20.6 (18.3, 23.1)	12.7 (10.7, 15.0)	
Noticed any advertisement, sponsorship, or promotion	63.2 (60.7, 65.7)	69.3 (66.3, 72.2)	60.7 (57.9, 63.4)	79.6 (75.6, 83.1)	60.0 (57.2, 62.6)	67.8 (64.8, 70.8)	50.7 (46.8, 54.6)	

Note: Current non-smokers includes former and never smokers.

Table 8.6: Percentage of adults ≥15 years old who noticed smokeless tobacco marketing during the last 30 days in various places, by selected demographic characteristics — GATS Russian Federation, 2009.

Places	Overall	Gender		Age(years)			Residence	
		Male	Female	15–24	≥ 25	Urban	Rural	
<i>Noticed advertisements</i>								
In stores	1.4 (1.1, 1.8)	1.7 (1.3, 2.4)	1.1 (0.8, 1.7)	2.1 (1.4, 3.3)	1.2 (0.9, 1.6)	1.6 (1.2, 2.1)	0.9 (0.6, 1.3)	
On television	0.6 (0.4, 1.0)	0.6 (0.4, 1.0)	0.6 (0.4, 1.2)	0.6 (0.3, 1.2)	0.6 (0.4, 1.1)	0.6 (0.3, 1.2)	0.6 (0.4, 1.0)	
On the radio	0.2 (0.1, 0.4)	0.4 (0.2, 0.7)	0.1 (0.0, 0.4)	0.3 (0.1, 0.8)	0.2 (0.1, 0.5)	0.3 (0.1, 0.5)	0.1 (0.0, 0.3)	
On billboards	0.5 (0.3, 0.9)	0.8 (0.4, 1.4)	0.4 (0.2, 0.7)	1.1 (0.6, 1.9)	0.4 (0.2, 0.9)	0.6 (0.3, 1.1)	0.4 (0.2, 0.7)	
In newspapers or magazines	1.2 (0.8, 1.6)	1.7 (1.1, 2.4)	0.7 (0.5, 1.1)	1.5 (0.9, 2.6)	1.1 (0.7, 1.5)	1.2 (0.8, 1.8)	1.0 (0.6, 1.5)	
On the internet	2.0 (1.4, 2.8)	2.8 (1.9, 4.1)	1.3 (0.9, 1.9)	3.6 (2.5, 5.2)	1.5 (1.0, 2.3)	2.1 (1.4, 3.1)	1.6 (1.0, 2.4)	
Somewhere else	0.0 (0.0, 0.1)	0.0 (0.0, 0.1)	0.0 (0.0, 0.1)	0.0 (0.0, 0.2)	0.0 (0.0, 0.1)	0.0 (0.0, 0.1)	0.1 (0.0, 0.1)	
Noticed sports sponsorship	0.4 (0.2, 0.5)	0.6 (0.3, 0.9)	0.2 (0.1, 0.4)	0.7 (0.3, 1.3)	0.3 (0.2, 0.5)	0.3 (0.2, 0.6)	0.4 (0.2, 0.8)	
<i>Noticed smokeless tobacco promotions</i>								
Free samples	0.2 (0.1, 0.4)	0.3 (0.1, 0.6)	0.2 (0.1, 0.4)	0.4 (0.2, 0.9)	0.2 (0.1, 0.4)	0.3 (0.2, 0.5)	0.1 (0.0, 0.2)	
Clothing/item with brand name or logo	0.5 (0.3, 0.7)	0.5 (0.3, 1.0)	0.4 (0.2, 0.8)	0.6 (0.3, 1.2)	0.4 (0.3, 0.7)	0.5 (0.3, 0.8)	0.4 (0.2, 0.8)	
Noticed any advertisement, sponsorship, or promotion	6.8 (5.7, 8.1)	8.2 (6.6, 10.0)	5.6 (4.5, 6.9)	9.2 (7.3, 11.4)	6.2 (5.0, 7.5)	7.1 (5.8, 8.8)	5.8 (4.6, 7.3)	

9. Knowledge, Attitudes, and Beliefs

Despite conclusive evidence on the dangers of smoking tobacco, relatively few smokers understand the full extent of the health risk²⁴. People may generally know that smoking tobacco is harmful but many smokers cannot name specific diseases caused by smoking, other than lung cancer. It has been shown that knowledge of specific harms of smoking increases people's motivation for quitting.

This chapter presents the beliefs among the population aged 15 and older about illnesses from smoking tobacco, adverse health effects caused by secondhand smoke exposure, and the harmful addictiveness of cigarettes. It also captures public opinion about prohibiting indoor smoking in various places and potential tobacco control laws.

Key Findings

- 81.9 % of adults believed that exposure to other people's smoke caused serious illness in non-smokers. Only 70.7 % of current smokers believed this.
- Among adults who believed smoking caused serious illness, 22.4 % overall and 36.3 % of current smokers still believed certain types of cigarettes could be less harmful than others. Those with a high education (26.3 %) believed certain types of cigarettes could be less harmful than others, more than those with a lower education (8.4 %).
- Only 77.1 % of current smokers ages 15–18 believed cigarettes caused addiction.
- 99.0 % of adults thought indoor smoking should be prohibited at schools and 95.2 % of adults thought indoor smoking should be prohibited at healthcare facilities.
- 82.5 % of adults favored prohibiting all advertising of tobacco products.

9.1 Beliefs about Health Effects of Smoking

Table 9.1 shows the percentage of adults ≥15 years old who believed that smoking caused serious illness, stroke, heart attack, lung cancer, bronchitis, and stomach ulcers. These data were broken down by smoking status and demographic characteristics.

Overall, 90.8 % of the adult population in the Russian Federation believed that smoking causes serious illness. There was only slight variation within the demographic subgroups, most noticeably between males (88.0 %) and females (93.2 %), and the youngest age group (85.3 %) versus the older age groups (> 90 %). However, there was a larger difference by smoking status, as more non-smokers (95.3 %) believed smoking causes serious illness than current smokers (83.8 %).

Knowledge about the specific diseases caused by smoking varied. The highest percentage was reported for lung cancer (91.2 %) while the other diseases were reported less often—stroke (67.3 %), heart attack (71.0 %), bronchitis (76.8 %) and stomach ulcers (63.4 %). There was more variation within demographic subgroups for the specific diseases than for the belief that smoking caused serious illness. For all specific diseases, a higher percentage of females than males thought smoking caused the disease: stroke (72.6 % vs. 60.9 %), heart attack (75.5 % vs. 65.7 %), lung cancer (93.5 % vs. 88.5 %), bronchitis (81.0 % vs. 71.8 %), and stomach ulcers (68.3 % vs. 67.6 %). There was a pattern among the age groups, where older people believed smoking caused specific diseases more than younger people. Surprisingly, there were relatively few

differences among the education levels in terms of beliefs that smoking causes serious illness or specific diseases. For each of the specific diseases, there were large differences by smoking status, as non-smokers believed smoking caused all of the specific diseases more than current smokers: stroke (75.4 % vs. 54.6 %), heart attack (78.3 % vs. 59.7 %), lung cancer (95.4 % vs. 84.8 %), bronchitis (82.8 % vs. 67.6 %), and stomach ulcers (71.0 % vs. 51.6 %).

Among current smokers, the variation among demographic characteristics was apparent for age and education level. In general, older smokers believed smoking caused serious illness and specific diseases more than younger smokers. The exception was the 65+ age group, where the percentage decreased. A possible explanation was that smokers who have lived beyond age 65 do not believe smoking is harmful because they have already lived a long life while smoking.

Whereas there was little variability among education levels among all adults, among current smokers there was a noticeable difference between the lowest education level (primary) and the two higher education levels (secondary and high): serious illness (74.6 % vs. 83.6 % and 84.7 %), stroke (48.0 % vs. 54.2 % and 55.5 %), heart attack (54.0 % vs. 60.2 % and 59.2 %), lung cancer (78.5 % vs. 84.1 % and 86.2 %), bronchitis (59.8 % vs. 68.2 % and 67.0 %), and stomach ulcers (49.3 % vs. 53.5 % and 48.3 %).

Among non-smokers, variation among demographic characteristics was apparent for gender and age. Similar to the findings for all adults, a higher percentage of non-smoking females than non-smoking males thought smoking caused serious illness (95.9 % vs. 93.9 %), stroke (77.0 % vs. 71.7 %),

Table 9.1: Percentage of adults ≥15 years old who believe that smoking causes serious illness, stroke, heart attack, lung cancer, bronchitis, or stomach ulcers, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Adults who believe that smoking causes...					
	Serious illness	Stroke	Heart attack	Lung cancer	Bronchitis	Stomach Ulcers
Overall	90.8 (89.6, 91.9)	67.3 (65.4, 69.2)	71.0 (69.1, 72.9)	91.2 (90.2, 92.2)	76.8 (74.7, 78.8)	63.4 (61.2, 65.5)
<i>Gender</i>						
Male	88.0 (86.4, 89.5)	60.9 (58.6, 63.2)	65.7 (63.3, 68.0)	88.5 (87.0, 89.8)	71.8 (69.3, 74.1)	57.6 (55.1, 60.0)
Female	93.2 (91.8, 94.3)	72.6 (70.2, 74.8)	75.5 (73.3, 77.5)	93.5 (92.4, 94.5)	81.0 (78.6, 83.2)	68.3 (65.5, 70.9)
<i>Age (years)</i>						
15–18	85.3 (79.6, 89.6)	53.4 (47.5, 59.3)	60.6 (54.3, 66.6)	88.6 (83.1, 92.5)	67.8 (61.9, 73.1)	50.7 (44.6, 56.7)
19–24	90.6 (88.1, 92.7)	60.4 (56.3, 64.4)	64.7 (60.8, 68.5)	92.3 (90.2, 94.0)	74.2 (70.0, 78.0)	54.9 (50.7, 58.9)
25–44	90.4 (88.9, 91.8)	65.1 (62.5, 67.7)	69.2 (66.6, 71.6)	90.6 (89.2, 91.8)	75.1 (72.6, 77.5)	61.1 (58.4, 63.7)
45–64	90.8 (89.0, 92.4)	70.6 (67.9, 73.2)	74.0 (71.6, 76.3)	91.0 (89.3, 92.4)	79.0 (76.2, 81.5)	67.9 (65.2, 70.6)
65+	93.6 (91.6, 95.2)	75.2 (71.7, 78.4)	77.4 (73.8, 80.6)	93.1 (91.2, 94.6)	81.2 (77.3, 84.6)	70.4 (66.5, 74.0)
<i>Residence</i>						
Urban	90.2 (88.6, 91.6)	66.3 (63.9, 68.7)	70.7 (68.3, 73.0)	90.8 (89.5, 92.0)	75.8 (73.0, 78.3)	61.6 (58.9, 64.3)
Rural	92.8 (91.4, 93.9)	70.1 (67.4, 72.6)	71.9 (69.2, 74.4)	92.5 (91.2, 93.6)	79.9 (77.6, 82.1)	68.7 (65.9, 71.3)
<i>Education Level</i>						
Primary	90.8 (86.7, 93.7)	68.9 (62.0, 75.1)	69.9 (62.9, 76.0)	91.1 (87.5, 93.8)	76.7 (70.2, 82.1)	68.1 (61.5, 74.1)
Secondary	90.7 (89.4, 91.8)	67.1 (64.8, 69.3)	71.2 (69.1, 73.2)	91.3 (90.1, 92.3)	77.1 (74.8, 79.1)	64.3 (61.9, 66.6)
High	91.1 (89.2, 92.7)	67.4 (64.7, 70.0)	70.8 (68.1, 73.4)	91.2 (89.6, 92.6)	76.5 (73.2, 79.5)	61.6 (58.4, 64.7)

Table 9.1 (cont.): Percentage of adults ≥15 years old who believe that smoking causes serious illness, stroke, heart attack, lung cancer, bronchitis, or stomach ulcers, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Adults who believe that smoking causes...					
	Serious illness	Stroke	Heart attack	Lung cancer	Bronchitis	Stomach Ulcers
Current smokers¹	83.8 (81.7, 85.7)	54.6 (51.7, 57.5)	59.7 (57.0, 62.4)	84.8 (82.9, 86.5)	67.6 (64.8, 70.3)	51.6 (48.8, 54.4)
<i>Gender</i>						
Male	84.2 (81.9, 86.2)	53.8 (50.8, 56.7)	59.4 (56.6, 62.2)	84.6 (82.5, 86.5)	66.6 (63.6, 69.5)	51.7 (48.8, 54.7)
Female	83.1 (79.5, 86.2)	56.5 (51.0, 61.8)	60.5 (55.4, 65.3)	85.2 (82.1, 87.9)	70.0 (65.4, 74.1)	51.2 (46.3, 56.1)
<i>Age (years)</i>						
15–18	65.0 (53.2, 75.2)	32.9 (23.1, 44.4)	49.1 (38.0, 60.2)	72.0 (60.4, 81.3)	52.4 (41.4, 63.2)	30.2 (21.3, 41.0)
19–24	84.4 (79.9, 88.0)	47.4 (41.8, 53.0)	53.1 (48.0, 58.2)	87.6 (84.0, 90.6)	66.4 (60.2, 72.0)	44.6 (39.3, 50.0)
25–44	86.3 (83.7, 88.5)	56.4 (52.5, 60.3)	61.3 (57.6, 64.9)	86.1 (83.7, 88.1)	68.3 (65.0, 71.5)	52.3 (48.5, 56.0)
45–64	82.9 (79.8, 85.7)	57.5 (53.4, 61.5)	62.4 (58.5, 66.1)	83.7 (80.6, 86.4)	70.0 (66.0, 73.7)	56.4 (52.2, 60.4)
65+	79.4 (70.7, 86.0)	57.4 (48.9, 65.4)	58.0 (49.5, 65.9)	79.8 (71.3, 86.3)	61.6 (53.0, 69.5)	52.2 (43.3, 61.0)
<i>Residence</i>						
Urban	83.0 (80.4, 85.4)	54.3 (50.6, 57.8)	60.3 (56.9, 63.6)	84.4 (82.1, 86.6)	66.8 (63.2, 70.2)	50.7 (47.2, 54.1)
Rural	86.5 (83.9, 88.7)	55.7 (52.0, 59.3)	58.0 (54.3, 61.6)	85.8 (83.3, 88.0)	70.3 (66.8, 73.6)	54.7 (50.9, 58.4)
<i>Education Level</i>						
Primary	74.6 (61.8, 84.2)	48.0 (35.6, 60.7)	54.0 (41.7, 65.8)	78.5 (66.9, 86.9)	59.8 (47.0, 71.4)	49.3 (37.1, 61.6)
Secondary	83.6 (81.3, 85.7)	54.2 (51.2, 57.2)	60.2 (57.3, 62.9)	84.1 (81.8, 86.1)	68.2 (65.3, 71.0)	53.5 (50.5, 56.5)
High	84.7 (81.1, 87.7)	55.5 (50.7, 60.3)	59.2 (54.6, 63.7)	86.2 (83.2, 88.8)	67.0 (61.9, 71.7)	48.3 (43.7, 53.0)

¹ Includes daily and occasional (less than daily) smokers.

Table 9.1 (cont.): Percentage of adults ≥15 years old who believe that smoking causes serious illness, stroke, heart attack, lung cancer, bronchitis, or stomach ulcers, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Adults who believe that smoking causes...					
	Serious illness	Stroke	Heart attack	Lung cancer	Bronchitis	Stomach Ulcers
Non-smokers ²	95.3 (94.2, 96.3)	75.4 (73.4, 77.4)	78.3 (76.3, 80.2)	95.4 (94.4, 96.2)	82.8 (80.5, 84.8)	71.0 (68.7, 73.3)
<i>Gender</i>				<i>Percentage(95% CI)</i>		
Male	93.9 (92.3, 95.3)	71.7 (68.9, 74.3)	75.1 (72.5, 77.6)	94.3 (92.8, 95.6)	79.6 (76.6, 82.2)	66.4 (63.3, 69.3)
Female	95.9 (94.7, 96.9)	77.0 (74.7, 79.3)	79.6 (77.4, 81.7)	95.8 (94.7, 96.7)	84.1 (81.7, 86.3)	73.0 (70.2, 75.6)
<i>Age (years)</i>						
15–18	91.9 (84.7, 95.9)	60.1 (52.9, 66.9)	64.4 (56.9, 71.2)	93.9 (86.6, 97.4)	72.7 (65.4, 79.0)	57.3 (50.0, 64.2)
19–24	96.8 (94.5, 98.2)	73.3 (68.1, 78.0)	76.3 (71.1, 80.8)	96.9 (94.6, 98.3)	82.0 (77.2, 85.9)	65.0 (59.6, 70.1)
25–44	94.6 (92.8, 95.9)	73.7 (70.6, 76.6)	76.8 (73.8, 79.7)	95.0 (93.4, 96.2)	81.9 (78.7, 84.7)	69.7 (66.3, 73.0)
45–64	95.7 (93.6, 97.1)	78.7 (75.8, 81.3)	81.2 (78.6, 83.5)	95.5 (93.8, 96.8)	84.4 (81.6, 86.9)	75.0 (72.0, 77.8)
65+	96.1 (94.4, 97.3)	78.3 (74.5, 81.7)	80.7 (77.1, 83.9)	95.4 (93.6, 96.7)	84.6 (80.3, 88.1)	73.5 (69.1, 77.6)
<i>Residence</i>						
Urban	95.0 (93.4, 96.2)	74.5 (71.9, 76.9)	77.8 (75.2, 80.2)	95.1 (93.8, 96.1)	81.8 (78.9, 84.4)	69.0 (66.0, 71.9)
Rural	96.3 (94.9, 97.3)	78.1 (75.3, 80.7)	79.7 (76.8, 82.2)	96.2 (95.0, 97.1)	85.3 (82.9, 87.5)	76.5 (73.6, 79.1)
<i>Education Level</i>						
Primary	94.3 (90.3, 96.7)	73.5 (65.8, 80.0)	73.3 (65.5, 79.9)	93.9 (90.0, 96.3)	80.4 (72.9, 86.3)	72.2 (64.6, 78.7)
Secondary	95.6 (94.2, 96.7)	76.1 (73.6, 78.5)	79.0 (76.6, 81.2)	96.3 (95.2, 97.2)	83.3 (80.8, 85.5)	71.8 (69.1, 74.4)
High	95.0 (93.2, 96.4)	74.7 (71.7, 77.4)	78.0 (75.1, 80.5)	94.3 (92.5, 95.6)	82.4 (79.2, 85.2)	69.7 (66.5, 72.8)

² Includes former and never smokers.

9. Knowledge, Attitudes, and Beliefs

heart attack (79.6 % vs. 75.1 %), lung cancer (95.8 % vs. 94.3 %), bronchitis (84.1 % vs. 79.6 %), and stomach ulcers (73.0 % vs. 66.4 %). And similar to the patterns for all adults, older non-smokers believed smoking caused serious illness and specific diseases more than younger non-smokers.

9.2 Beliefs about Health Effects of Secondhand Smoke

Table 9.2 presents the percentage of adults who believed breathing in other people's smoke caused serious illness in non-smokers, shown by smoking status. Overall, 81.9 % of all adults age 15 and older believed that breathing other people's smoke caused serious illness in non-smokers. There was a clear difference by smoking status, as a higher percentage of non-smokers (89.1 %) believed secondhand smoke caused serious illness than current smokers (70.7 %). This difference was evident for all demographic subgroups under smoking status.

For gender, the percentage of females who believed secondhand smoke had adverse effects on health was higher than that for males. This was true for all adults (87.0 % vs. 75.7 %), among current smokers (72.6 % vs. 69.8 %), and among non-smokers (91.0 % vs. 84.6 %).

A general pattern emerged for age, where the percentages of all adults believing in the adverse effects of secondhand smoke on health increased as the age groups got older. However, this pattern was not as clear when looking at current-smokers and non-smokers. Among current smokers, the middle age group (25–44) had the highest percentage (74.4 %) and this percentage decreased for the older age groups of 45–64 (70.9 %) and 65+ (61.7 %). These findings were similar to those in the previous section (**Table 9.1**) about smoking causing illness. Again, perhaps smokers who had already lived a long life did not believe smoking was harmful.

There was little difference in belief between urban and rural populations about serious illness being caused by other people's smoke, although those in rural areas had a slightly higher percentage than those in urban areas, for all adults (84.3 % vs. 81.1 %), among current smokers (72.5 % vs. 70.1 %), and among non-smokers (91.0 % vs. 88.5 %).

By education level, the belief that secondhand smoke caused serious illness was the lowest for the primary education level, for all adults (77.6 %), among current smokers (47.4 %), and among non-smokers (84.2 %). In fact, the 47.4 % for current smokers was the lowest percentage in the entire table. It was clear that less educated smokers did not have strong beliefs about the adverse effects of secondhand smoke.

Table 9.2: Percentage of adults ≥ 15 years old who believe that breathing other people's smoke causes serious illness in non-smokers, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Believe that breathing other people's smoke causes serious illness in non-smokers		
	Overall	Current smokers ¹	Non-smokers ²
	<i>Percentage(95 % CI)</i>		
Overall	81.9 (80.3, 83.4)	70.7 (67.9, 73.3)	89.1 (87.6, 90.5)
<i>Gender</i>			
Male	75.7 (73.4, 77.8)	69.8 (66.9, 72.6)	84.6 (82.4, 86.5)
Female	87.0 (85.3, 88.6)	72.6 (68.3, 76.5)	91.0 (89.4, 92.5)
<i>Age (years)</i>			
15–18	73.7 (67.2, 79.2)	52.3 (40.4, 63.9)	80.6 (73.2, 86.3)
19–24	78.9 (75.4, 82.0)	67.1 (61.8, 71.9)	90.6 (87.5, 93.1)
25–44	80.8 (78.4, 83.1)	74.4 (71.0, 77.6)	87.2 (84.3, 89.5)
45–64	83.4 (81.3, 85.3)	70.9 (66.7, 74.7)	91.1 (89.1, 92.7)
65+	86.2 (83.3, 88.6)	61.7 (53.8, 69.0)	90.5 (87.4, 92.8)
<i>Residence</i>			
Urban	81.1 (79.0, 83.0)	70.1 (66.6, 73.3)	88.5 (86.5, 90.1)
Rural	84.3 (82.1, 86.3)	72.5 (68.8, 75.9)	91.0 (88.9, 92.7)
<i>Education Level</i>			
Primary	77.6 (71.1, 83.0)	47.4 (35.9, 59.3)	84.2 (76.4, 89.8)
Secondary	82.1 (80.3, 83.8)	70.8 (67.8, 73.7)	90.0 (88.4, 91.4)
High	82.1 (79.5, 84.4)	71.7 (67.3, 75.7)	88.5 (85.9, 90.6)

¹ Includes daily and occasional (less than daily) smokers

² Includes former and never smokers.

Table 9.3: Percentage of adults ≥15 years old who have certain beliefs about cigarettes, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Adults ¹ who believe that certain types of cigarettes can be less harmful than others			Adults who believe that cigarettes cause an addiction		
	Overall	Current smokers ²	Non-smokers ³	Overall	Current smokers ²	Non-smokers ³
Overall	21.9 (20.4, 23.6)	35.7 (33.0, 38.5)	14.1 (12.7, 15.7)	93.9 (92.8, 94.8)	92.9 (91.4, 94.2)	94.5 (93.3, 95.4)
<i>Gender</i>			<i>Percentage(95% CI)</i>			
Male	27.4 (25.3, 29.6)	35.6 (32.7, 38.6)	16.3 (14.0, 18.9)	93.3 (91.9, 94.5)	93.5 (91.9, 94.7)	93.1 (91.1, 94.7)
Female	17.6 (16.0, 19.4)	36.1 (31.0, 41.4)	13.2 (11.7, 14.9)	94.3 (93.0, 95.4)	91.7 (88.7, 94.0)	95.0 (93.7, 96.1)
<i>Age (years)</i>						
15–18	21.2 (16.5, 26.8)	40.7 (27.7, 55.1)	16.8 (12.3, 22.5)	87.0 (82.2, 90.7)	77.1 (65.1, 85.9)	90.2 (85.4, 93.6)
19–24	31.1 (26.9, 35.6)	44.3 (38.0, 50.7)	19.8 (15.9, 24.3)	92.8 (90.2, 94.7)	91.0 (87.2, 93.8)	94.6 (91.7, 96.5)
25–44	24.8 (22.6, 27.0)	34.2 (31.0, 37.6)	16.3 (13.9, 19.0)	94.2 (92.6, 95.5)	93.7 (91.7, 95.3)	94.7 (92.6, 96.2)
45–64	20.2 (18.3, 22.4)	34.9 (31.0, 39.0)	12.5 (10.7, 14.5)	95.4 (94.3, 96.2)	94.4 (92.5, 95.8)	95.9 (94.6, 97.0)
65+	12.3 (10.2, 14.8)	25.4 (18.9, 33.2)	10.5 (8.4, 13.0)	93.1 (90.6, 95.0)	93.0 (84.7, 96.9)	93.2 (90.5, 95.1)
<i>Residence</i>						
Urban	23.3 (21.3, 25.5)	37.6 (34.2, 41.1)	15.0 (13.1, 17.0)	93.9 (92.5, 95.1)	92.8 (90.9, 94.4)	94.6 (93.1, 95.8)
Rural	17.9 (16.1, 19.9)	29.8 (26.6, 33.3)	11.9 (10.2, 13.9)	93.7 (92.1, 95.1)	93.3 (90.9, 95.1)	94.0 (92.0, 95.5)
<i>Education Level</i>						
Primary	8.1 (5.8, 11.2)	21.4 (12.9, 33.4)	5.8 (3.7, 8.9)	92.5 (88.5, 95.1)	92.3 (83.3, 96.6)	92.5 (87.9, 95.5)
Secondary	20.4 (18.8, 22.1)	33.3 (30.4, 36.4)	12.5 (11.0, 14.2)	94.0 (92.9, 95.0)	93.6 (92.0, 94.9)	94.3 (92.9, 95.5)
High	25.7 (23.0, 28.7)	40.4 (35.8, 45.3)	17.7 (15.3, 20.4)	93.8 (92.2, 95.0)	91.9 (89.0, 94.0)	94.9 (93.4, 96.1)

¹ Among those who believe that smoking causes serious illness.² Includes daily and occasional (less than daily) smokers.³ Includes former and never smokers.

9.3 Beliefs about the Harmfulness of Cigarettes

There is a misconception that some types of cigarettes (e.g., light, low tar, mentholated) may be less harmful to health than others. This myth leads some smokers to believe they are not as susceptible to harm if they smoke certain types of cigarettes. Also, while cigarettes are generally known to be addictive, it is important to measure which groups of people share this belief. **Table 9.3** presents the following two indicators: 1) among adults who believed smoking causes serious illness, the percentage who believed certain types of cigarettes can be less harmful than others, and 2) the percentage of adults who believed cigarettes cause an addiction. These indicators were broken down by smoking status and demographic characteristics.

9.3.1 Belief that Certain Types of Cigarettes can be Less Harmful than Others

Among adults who believed smoking causes serious illness, 21.9 % believed certain types of cigarettes could be less harmful than others. There was a clear difference between current smokers (35.7 %) and non-smokers (14.1 %).

Differences within demographic subgroups were evident. As highlighted in **Figure 9–1**, males had a higher percentage than females (27.4 % vs. 17.6 %), which was also the case among non-smokers (males 16.3 % vs. females 13.2 %), but not true among current smokers (males 35.6 % vs. females 36.1 %).

For age, the highest percentage was reported by the 19–24 year olds (31.1 %) and it decreased for the older age groups. This pattern was also similar among current smokers and non-smokers. Those living in urban areas had a higher percentage than those living in rural areas (23.3 % vs. 17.9 %) and this held true among current smokers (37.6 % vs. 29.8 %) and among non-smokers (15.0 % vs. 11.9 %).

An interesting pattern emerged when looking at education levels (as displayed in **Figure 9–2**). Those with a primary education level actually had a lower percentage (8.1 %) than the two higher education levels (secondary 20.4 %, high 25.7 %). The same pattern occurred among current smokers and among non-smokers. Thus, the higher educated populations were not properly educated about the harms of cigarettes, as they were more likely to think some types of cigarettes were less harmful.

9.3.2 Beliefs about the Addictiveness of Cigarettes

Overall, most adults (93.9 %) believed cigarettes caused an addiction. There was a slight difference between current smokers (92.9 %) and non-smokers (94.5 %) about whether cigarettes were addictive.

Very subtle differences existed within demographic subgroups, as nearly all estimates for gender, age, residence, and education were over 90 %. The only noticeable difference was found in the youngest age group (15–18). Only 87 % among this group believed that smoking caused an addiction. This estimate was even lower for current smokers ages 15–18 at 77.1 %. Clearly younger smokers were not as aware of the addictiveness of cigarettes as others.

9.4 Opinion on Prohibiting Indoor Smoking in Various Places

The GATS Russian Federation survey asked respondents if they thought indoor smoking should be prohibited in various places. **Table 9.4** presents the percentages of adults who thought smoking should be prohibited in workplaces, universities/institutes/colleges, schools, healthcare facilities, restaurants, bars, and cafes/cafeterias. The table also includes a combined indicator for those who thought smoking should be prohibited in all the listed places. The estimates were broken down by smoking status and demographic characteristics.

Figure 9–1: Adults (15 and older) believing that certain types of cigarettes can be less harmful than others by smoking status and gender — GATS Russian Federation 2009.

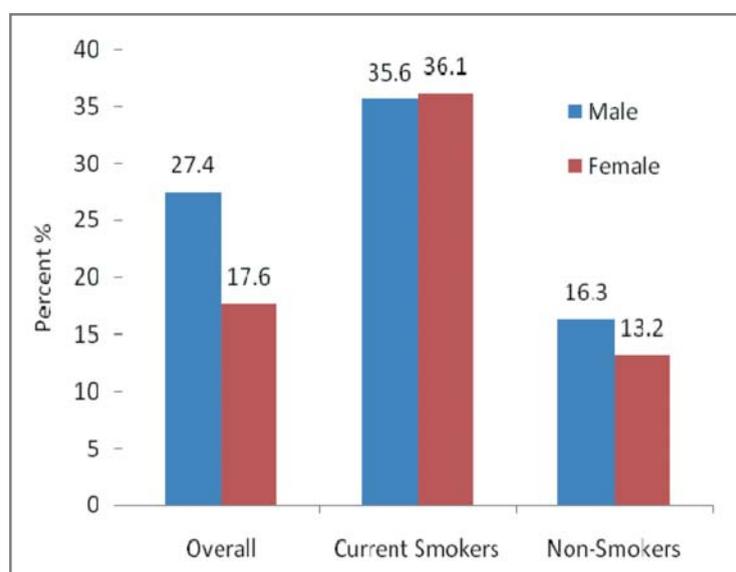


Figure 9–2: Adults (15 and older) believing that certain types of cigarettes can be less harmful than others by smoking status and education — GATS Russian Federation 2009.

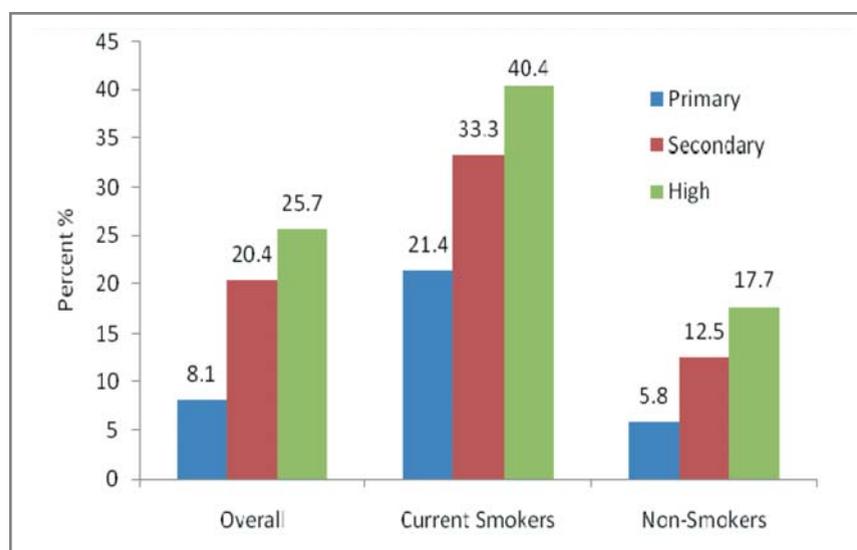
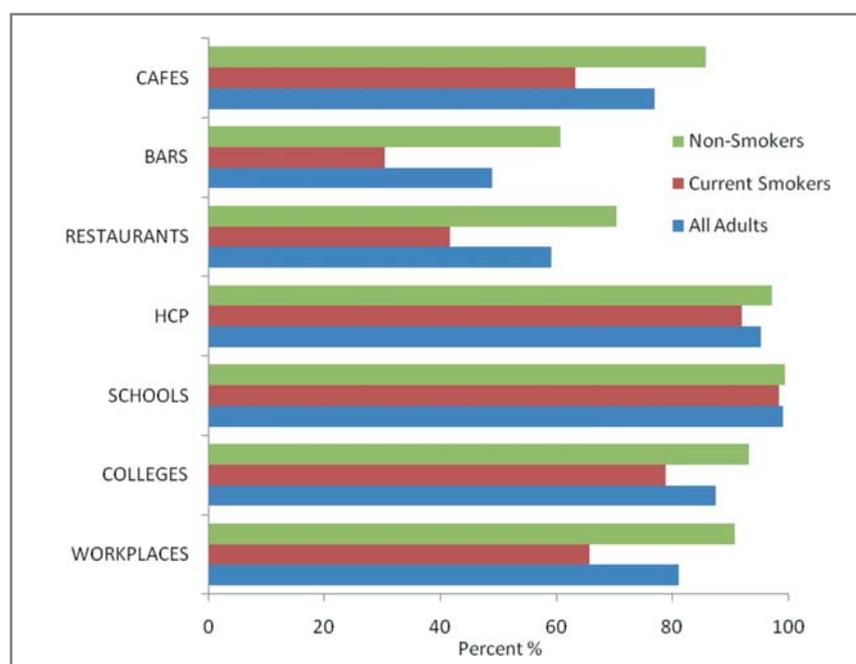


Figure 9–3: Opinion of adults (15 and older) that indoor smoking should be prohibited at various public places, by smoking status — GATS Russian Federation 2009.



Out of the seven places listed, schools had the highest percentage (99.0 %) of those that thought indoor smoking should be prohibited. Next highest 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 % thought smoking should be prohibited in all of the listed places.

Among demographic subgroups, females had a higher percentage than males for each of the listed places. For residence, noticeable differences between urban and rural residents were evident for restaurants, bars, and cafes/cafeterias, as a higher percentage of those in rural areas thought indoor

smoking should be prohibited. These same places (restaurants, bars, cafes/cafeterias) had distinct differences by education level, as those with more education were less likely to think indoor smoking should be prohibited than those with less education.

There were clear patterns by smoking status, as non-smokers had higher percentages of those who thought indoor smoking should be prohibited than current smokers, for every one of the places listed (workplaces 90.8 % vs. 65.7 %; universities/institutes/colleges 93.1 % vs. 78.8 %; schools 99.4 % vs. 98.3 %; healthcare facilities 97.2 % vs. 92.0 %; restaurants 70.4 % vs. 41.6 %; bars 60.7 % vs. 30.4 %; cafes/cafeterias 85.8 % vs. 63.3 %). These differences are highlighted in **Figure 9–3**.

Table 9.4: Percentage of adults ≥15 years old who think that indoor smoking should be prohibited in various places, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Adults who believe that smoking should be prohibited in...							
	Workplaces	Universities / Institutes / Colleges	Schools	Healthcare facilities	Restaurants	Bars	Cafes / Cafeterias	All of these places
Overall	81.0 (79.3, 82.6)	87.5 (86.0, 88.8)	99.0 (98.6, 99.3)	95.2 (94.4, 95.9)	59.1 (56.8, 61.4)	48.9 (46.6, 51.2)	77.0 (74.9, 79.0)	42.1 (39.7, 44.5)
<i>Gender</i>								
Male	70.4 (68.0, 72.7)	83.8 (81.9, 85.6)	98.5 (97.7, 99.0)	93.2 (92.0, 94.2)	51.5 (48.9, 54.1)	40.0 (37.6, 42.5)	71.4 (68.9, 73.8)	32.0 (29.7, 34.3)
Female	89.8 (88.1, 91.2)	90.5 (88.8, 91.9)	99.4 (99.1, 99.7)	96.8 (96.0, 97.5)	65.4 (62.8, 68.0)	56.2 (53.4, 58.9)	81.6 (79.3, 83.7)	50.5 (47.6, 53.4)
<i>Age (years)</i>								
15–18	82.0 (77.1, 86.0)	83.8 (79.2, 87.6)	94.3 (90.3, 96.8)	93.5 (89.4, 96.1)	59.7 (53.0, 66.1)	44.5 (38.2, 50.9)	66.9 (60.2, 73.0)	37.5 (31.4, 44.0)
19–24	77.0 (73.6, 80.2)	76.3 (72.5, 79.8)	97.9 (96.0, 98.8)	93.5 (91.4, 95.2)	50.8 (46.4, 55.1)	35.5 (31.4, 39.7)	65.3 (61.2, 69.2)	30.4 (26.4, 34.6)
25–44	78.0 (75.5, 80.3)	86.0 (84.0, 87.8)	99.2 (98.7, 99.5)	94.7 (93.5, 95.6)	55.0 (52.0, 57.9)	43.2 (40.4, 46.0)	73.8 (70.8, 76.5)	36.0 (33.2, 38.9)
45–64	82.5 (80.3, 84.5)	91.3 (89.7, 92.7)	99.7 (99.4, 99.9)	95.6 (94.6, 96.4)	61.8 (59.2, 64.3)	54.7 (51.9, 57.6)	82.0 (79.7, 84.0)	47.4 (44.4, 50.4)
65+	87.4 (84.8, 89.6)	93.1 (90.9, 94.8)	99.6 (98.9, 99.8)	97.3 (96.2, 98.0)	69.4 (65.3, 73.1)	61.6 (57.2, 65.8)	86.6 (83.8, 89.1)	55.8 (51.4, 60.1)
<i>Residence</i>								
Urban	80.8 (78.6, 82.7)	86.5 (84.6, 88.2)	99.0 (98.4, 99.3)	95.1 (94.2, 96.0)	56.3 (53.3, 59.1)	45.7 (42.9, 48.6)	75.4 (72.8, 77.9)	39.0 (36.1, 42.0)
Rural	81.7 (79.5, 83.7)	90.4 (88.7, 91.9)	99.1 (98.6, 99.4)	95.3 (94.2, 96.2)	67.5 (64.7, 70.3)	58.1 (55.0, 61.1)	81.6 (79.0, 84.1)	51.1 (48.0, 54.3)
<i>Education Level</i>								
Primary	86.5 (82.0, 89.9)	92.9 (89.3, 95.4)	98.4 (95.5, 99.4)	96.2 (93.5, 97.8)	73.8 (67.6, 79.1)	70.6 (64.2, 76.3)	83.5 (78.3, 87.6)	65.1 (58.6, 71.1)
Secondary	78.0 (75.9, 80.0)	88.9 (87.4, 90.2)	98.9 (98.4, 99.3)	95.1 (94.3, 95.9)	60.6 (58.2, 63.0)	51.0 (48.6, 53.3)	78.9 (76.8, 80.8)	43.2 (40.8, 45.7)
High	85.0 (82.9, 86.9)	84.7 (82.4, 86.7)	99.2 (98.6, 99.5)	95.2 (94.0, 96.1)	55.3 (52.1, 58.5)	43.3 (40.1, 46.6)	73.5 (70.1, 76.6)	37.9 (34.6, 41.3)

Table 9.4 (cont.): Percentage of adults ≥15 years old who think that indoor smoking should be prohibited in various places, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Adults who believe that smoking should be prohibited in...								
	Workplaces	Universities / Institutes / Colleges	Schools	Healthcare facilities	Restaurants	Bars	Cafes / Cafeterias	All of these places	
Current Smokers¹	65.7 (62.9, 68.5)	78.8 (76.3, 81.0)	98.3 (97.6, 98.9)	92.0 (90.7, 93.2)	41.6 (38.7, 44.7)	30.4 (28.0, 33.1)	63.3 (60.0, 66.5)	22.8 (20.4, 25.3)	
<i>Gender</i>				<i>Percentage(95% CI)</i>					
Male	60.4 (57.3, 63.4)	79.3 (76.6, 81.7)	98.2 (97.2, 98.9)	91.3 (89.7, 92.7)	42.5 (39.5, 45.6)	30.9 (28.3, 33.7)	64.3 (61.0, 67.4)	22.7 (20.4, 25.2)	
Female	78.1 (74.2, 81.6)	77.6 (73.0, 81.6)	98.7 (97.5, 99.3)	93.7 (91.3, 95.4)	39.7 (34.9, 44.8)	29.3 (25.2, 33.8)	61.1 (55.9, 66.0)	22.9 (19.1, 27.2)	
<i>Age (years)</i>									
15–18	70.5 (59.1, 79.8)	65.4 (53.3, 75.8)	87.3 (76.7, 93.5)	86.2 (74.9, 92.9)	32.8 (23.7, 43.4)	21.0 (13.7, 30.8)	40.9 (30.7, 52.0)	18.0 (11.5, 26.9)	
19–24	64.5 (59.2, 69.4)	63.1 (57.4, 68.5)	96.1 (93.0, 97.8)	89.8 (86.3, 92.4)	36.6 (31.4, 42.1)	20.8 (16.4, 26.0)	49.4 (43.6, 55.2)	16.4 (12.3, 21.6)	
25–44	64.9 (61.1, 68.5)	80.4 (77.4, 83.1)	98.9 (98.2, 99.4)	93.2 (91.6, 94.6)	41.0 (37.3, 44.9)	28.7 (25.7, 31.9)	63.7 (59.7, 67.5)	20.5 (17.8, 23.5)	
45–64	66.5 (62.6, 70.2)	85.6 (82.5, 88.2)	99.5 (98.8, 99.8)	92.2 (90.3, 93.7)	43.9 (40.1, 47.8)	37.1 (33.4, 40.9)	70.0 (66.0, 73.7)	28.2 (24.8, 31.9)	
65+	68.7 (60.9, 75.6)	80.6 (71.1, 87.6)	99.9 (99.1, 100.0)	91.7 (87.2, 94.6)	52.8 (43.9, 61.5)	40.0 (31.6, 49.1)	74.7 (67.0, 81.1)	30.7 (22.4, 40.4)	
<i>Residence</i>									
Urban	66.2 (62.6, 69.6)	77.4 (74.3, 80.2)	98.4 (97.4, 99.1)	92.5 (90.9, 93.8)	38.6 (34.9, 42.4)	27.8 (24.8, 31.0)	61.3 (57.2, 65.3)	20.5 (17.7, 23.7)	
Rural	64.3 (60.6, 67.8)	83.3 (80.2, 86.0)	98.0 (96.8, 98.8)	90.5 (88.0, 92.5)	51.6 (47.9, 55.3)	39.1 (35.6, 42.8)	69.8 (66.1, 73.4)	30.0 (26.9, 33.3)	
<i>Education Level</i>									
Primary	63.7 (51.6, 74.3)	80.0 (68.2, 88.2)	92.6 (78.6, 97.7)	89.7 (78.6, 95.4)	48.6 (36.8, 60.5)	42.3 (30.8, 54.7)	63.8 (51.6, 74.4)	36.2 (25.1, 49.0)	
Secondary	62.7 (59.5, 65.7)	82.3 (79.9, 84.5)	98.2 (97.4, 98.8)	91.6 (90.2, 92.9)	45.5 (42.4, 48.7)	33.9 (31.1, 36.8)	67.9 (64.6, 71.1)	24.7 (22.1, 27.4)	
High	71.0 (66.6, 75.0)	72.6 (68.5, 76.4)	98.8 (97.8, 99.4)	92.8 (90.5, 94.6)	34.9 (30.6, 39.5)	24.1 (20.8, 27.8)	55.6 (50.3, 60.8)	18.9 (15.7, 22.6)	

¹ Includes daily and occasional (less than daily) smokers.

Table 9.4 (cont.): Percentage of adults ≥15 years old who think that indoor smoking should be prohibited in various places, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Adults who believe that smoking should be prohibited in...							
	Workplaces	Universities / Institutes / Colleges	Schools	Healthcare facilities	Restaurants	Bars	Cafes / Cafeterias	All of these places
Non-Smokers²	90.8 (89.4, 92.1)	93.1 (91.7, 94.2)	99.4 (99.1, 99.6)	97.2 (96.5, 97.8)	70.4 (67.9, 72.8)	60.7 (58.1, 63.3)	85.8 (84.0, 87.4)	54.5 (51.7, 57.3)
<i>Gender</i>								
Male	85.6 (83.5, 87.6)	90.7 (88.8, 92.4)	98.9 (98.0, 99.4)	96.0 (94.6, 97.1)	65.2 (61.7, 68.4)	53.9 (50.3, 57.4)	82.2 (79.6, 84.6)	46.0 (42.7, 49.5)
Female	93.0 (91.2, 94.4)	94.1 (92.6, 95.2)	99.6 (99.2, 99.8)	97.7 (96.9, 98.3)	72.6 (69.8, 75.1)	63.6 (60.7, 66.4)	87.4 (85.3, 89.1)	58.1 (55.0, 61.2)
<i>Age (years)</i>								
15–18	85.7 (80.4, 89.8)	89.8 (85.6, 92.9)	96.6 (91.8, 98.7)	95.9 (91.5, 98.1)	68.5 (60.8, 75.3)	52.1 (44.5, 59.6)	75.3 (67.5, 81.7)	43.8 (36.4, 51.4)
19–24	89.5 (85.7, 92.4)	89.3 (85.2, 92.4)	99.6 (98.5, 99.9)	97.3 (94.4, 98.7)	64.8 (59.2, 70.1)	50.0 (44.4, 55.6)	81.0 (76.1, 85.2)	44.2 (38.6, 49.8)
25–44	90.8 (88.4, 92.8)	91.5 (89.3, 93.3)	99.4 (98.9, 99.7)	96.1 (94.5, 97.2)	68.7 (65.1, 72.1)	57.4 (53.5, 61.3)	83.7 (80.3, 86.6)	51.2 (47.1, 55.3)
45–64	92.3 (90.4, 93.8)	94.8 (93.2, 96.0)	99.8 (99.3, 99.9)	97.7 (96.7, 98.4)	72.7 (69.7, 75.6)	65.6 (62.2, 68.8)	89.3 (87.3, 91.0)	59.1 (55.6, 62.5)
65+	90.7 (88.2, 92.7)	95.3 (93.3, 96.7)	99.5 (98.7, 99.8)	98.2 (97.2, 98.9)	72.2 (67.9, 76.2)	65.4 (60.8, 69.7)	88.7 (86.0, 91.0)	60.2 (55.5, 64.6)
<i>Residence</i>								
Urban	90.6 (88.7, 92.2)	92.6 (90.8, 94.1)	99.3 (98.8, 99.6)	96.9 (95.9, 97.7)	68.1 (64.9, 71.2)	57.8 (54.4, 61.1)	84.9 (82.7, 86.9)	51.4 (47.9, 55.0)
Rural	91.4 (89.6, 93.0)	94.4 (93.0, 95.5)	99.6 (99.3, 99.8)	98.0 (97.3, 98.5)	76.5 (73.2, 79.4)	68.7 (65.3, 71.9)	88.2 (85.3, 90.7)	62.9 (59.2, 66.6)
<i>Education Level</i>								
Primary	91.4 (86.7, 94.6)	95.8 (91.9, 97.8)	99.7 (97.6, 100.0)	97.6 (95.3, 98.8)	79.3 (73.1, 84.4)	76.8 (70.2, 82.3)	87.8 (82.5, 91.7)	71.4 (64.7, 77.4)
Secondary	88.8 (86.8, 90.6)	93.5 (92.0, 94.7)	99.4 (98.9, 99.7)	97.6 (96.8, 98.2)	71.2 (68.4, 73.9)	63.0 (60.1, 65.8)	86.6 (84.5, 88.4)	56.3 (53.3, 59.3)
High	93.7 (92.1, 94.9)	92.1 (90.1, 93.8)	99.3 (98.8, 99.6)	96.6 (95.3, 97.5)	67.9 (64.5, 71.0)	55.2 (51.5, 58.8)	84.5 (81.9, 86.8)	49.5 (45.7, 53.3)

² Includes former and never smokers.

Table 9.5: Percentage of adults ≥15 years old who favor tobacco control laws, by smoking status and selected demographic characteristics — GATS Russian Federation, 2009.

Demographic Characteristics	Adults who favor increasing taxes on tobacco products			Adults who favor prohibiting all advertising of tobacco products		
	Overall	Current smokers ¹	Non-smokers ²	Overall	Current smokers ¹	Non-smokers ²
Overall	44.1 (42.2, 46.0)	18.2 (16.4, 20.2)	60.7 (58.1, 63.3)	82.5 (80.8, 84.1)	73.1 (70.4, 75.7)	88.6 (86.9, 90.1)
Gender			<i>Percentage(95% CI)</i>			
Male	33.7 (31.8, 35.6)	16.4 (14.5, 18.4)	59.9 (56.5, 63.2)	77.0 (74.6, 79.1)	71.0 (68.1, 73.8)	85.9 (83.3, 88.2)
Female	52.7 (50.1, 55.3)	22.4 (19.1, 26.1)	61.1 (58.2, 63.9)	87.2 (85.4, 88.8)	77.9 (73.8, 81.6)	89.7 (87.9, 91.2)
Age (years)						
15–18	48.8 (42.9, 54.8)	9.8 (5.4, 17.2)	61.2 (53.6, 68.2)	76.3 (70.0, 81.6)	67.8 (55.7, 77.8)	79.0 (71.5, 84.9)
19–24	40.6 (36.8, 44.5)	15.7 (11.6, 20.9)	65.3 (59.5, 70.6)	76.5 (72.8, 79.9)	66.4 (60.8, 71.6)	86.5 (82.3, 89.9)
25–44	39.9 (37.5, 42.4)	19.7 (17.4, 22.3)	59.8 (55.9, 63.6)	81.2 (78.7, 83.4)	73.4 (69.8, 76.7)	88.8 (86.1, 91.0)
45–64	45.1 (42.5, 47.7)	18.8 (16.2, 21.7)	61.3 (57.8, 64.6)	85.0 (83.2, 86.7)	76.6 (73.3, 79.6)	90.2 (88.2, 91.9)
65+	52.4 (48.3, 56.5)	15.5 (10.5, 22.2)	58.9 (54.4, 63.1)	87.3 (84.3, 89.8)	74.0 (64.8, 81.4)	89.6 (86.8, 91.9)
Residence						
Urban	43.3 (40.9, 45.7)	18.1 (15.8, 20.6)	60.3 (56.9, 63.5)	82.5 (80.2, 84.5)	73.8 (70.4, 77.0)	88.3 (86.1, 90.2)
Rural	46.4 (43.7, 49.1)	18.6 (16.4, 21.0)	62.0 (58.4, 65.6)	82.7 (80.5, 84.7)	70.7 (67.2, 74.1)	89.4 (87.4, 91.2)
Education Level						
Primary	54.2 (47.9, 60.4)	21.9 (13.3, 33.9)	61.3 (54.1, 68.0)	82.2 (76.8, 86.5)	68.0 (54.6, 79.0)	85.3 (79.5, 89.6)
Secondary	41.7 (39.7, 43.9)	17.3 (15.3, 19.4)	59.0 (56.2, 61.8)	81.2 (79.4, 82.8)	71.2 (68.5, 73.8)	88.1 (86.3, 89.8)
High	46.5 (43.7, 49.5)	19.4 (16.6, 22.7)	63.2 (59.4, 66.9)	84.7 (82.1, 86.9)	76.5 (71.9, 80.5)	89.7 (87.2, 91.8)

¹ Includes daily and occasional (less than daily) smokers.² Includes former and never smokers.

9. Knowledge, Attitudes, and Beliefs

For the combined indicator, 54.5 % of non-smokers thought smoking should be prohibited in all the listed places, compared to only 22.8 % of current smokers. The patterns for different demographic characteristics among current smokers and non-smokers were fairly similar to the overall findings. However, the one noticeable dissimilarity was that, while there was a difference between females and males for all adults and among non-smokers (females > males), there was not much difference among current smokers.

9.5 Support for Tobacco Control Laws

The GATS Russian Federation survey asked respondents about two tobacco control laws. **Table 9.5** presents the percentages of adults who favored increasing taxes on tobacco products and the percentages of adults who favored prohibiting all advertising of tobacco products. The estimates were broken down by smoking status and by demographic characteristics.

9.5.1 Support for Increasing Taxes on Tobacco Products

Overall, 44.1 % of adults favored increasing taxes on tobacco products, with a definite difference between current smokers (18.2 %) and non-smokers (60.7 %).

Differences within the demographic subgroups were evident as well. Females favored the tax increase more than males (52.7 % vs. 33.7 %), which was also the pattern among current smokers (females 22.4 % vs. males 16.4 %) and non-smokers (females 61.1 % vs. males 59.9 %). The youngest

current smokers (15–18) were the least likely to favor increasing taxes (9.8 %) out of all of the subgroups. Those living in rural areas favored a tax increase more than those living in urban areas (46.4 % vs. 43.3 %) and this held true among current smokers and among non-smokers. Those with a lower education level actually favored a tax increase more than the two higher education levels (primary 54.2 % vs. secondary 41.7 % and high 46.5 %). The same pattern occurred among current smokers but not among non-smokers.

9.5.2 Support for Prohibiting All Advertising of Tobacco Products

Overall, 82.5 % of adults favored prohibiting all advertising of tobacco products. Again, there was a noticeable difference between current smokers (73.1 %) and non-smokers (88.6 %) who favored this law.

Similar to the tax increase, females favored prohibiting all advertising of tobacco products more than males (87.2 % vs. 77.0 %), which also held true among current smokers (females 77.9 % vs. males 71.0 %) and among non-smokers (females 89.7 % vs. males 85.9 %). Here there was a pattern among the age groups, as in general the percentage of those who favored prohibiting tobacco advertising increased as age increased. There were minimal differences between urban and rural adults.

The percentages of those who favored prohibiting tobacco advertising were fairly similar among education levels (primary 82.2 %, secondary 81.2 % and high 84.7 %). However, when looking at current smokers, the difference between the lowest and highest education groups was not trivial (primary 68.0 % vs. high 76.5 %).

10. Conclusion and Policy Implications

10.1 Conclusion

The Global Adult Tobacco Survey (GATS) is a global standard tool for systematically monitoring adult tobacco use and for tracking key tobacco control indicators, which can be utilized by policy makers for strengthening tobacco control. In addition, it allows international comparability and the opportunity to learn lessons about tobacco control from other countries.

GATS Russian Federation provided national estimates for both smoking and smokeless tobacco usage by residence and gender. It also generated indicators on various dimensions of tobacco control—such as exposure to secondhand smoking, media exposure to anti-tobacco information, exposure to tobacco advertisements, and expenditures related to tobacco. This was the first nationwide survey that provided extensive information on all kinds of tobacco products, including both smoking and smokeless tobacco, and other key indicators of tobacco control.

Tobacco use prevalence as reported in GATS is comparable with findings of other surveys. As there are methodological differences among these surveys, a direct comparison of rates must be interpreted cautiously.

This is the first survey in the Russian Federation that used an electronic device for collecting data from all the selected 12,000 households widely scattered throughout Russia across 60 regions. Capacity building for national staff and technology transfer through collaboration with international partners has led to the successful completion of the survey. Implementing agencies are now capable of doing other surveys through electronic data collection and many were trained for this purpose, including both IT and survey experts in different phases by international partners, such as CDC, RTI and WHO.

10.2 Policy Implications

The results from GATS provided recent information on tobacco use and added new information on key indicators related to different provisions of the WHO Framework Convention on Tobacco Control and MPOWER policy packages, which will help in evaluating tobacco control policies and implementing the WHO FCTC provisions. Policy recommendations are described below, with the aim of developing, tracking, and implementing more effective tobacco control interventions, specifically under WHO's MPOWER guidelines.

Monitor – WHO FCTC: Article 20 “Research, surveillance and exchange of information”

GATS Russian Federation 2009 was the first survey to provide comprehensive national representative data on tobacco use and tobacco control indicators among the adult population. In the Russian Federation, 39.1% of adults (43.9 million) were currently smoking tobacco (60.7% of men and 21.7% of women). This smoking prevalence rate was one of the highest in

the world. Therefore, the Concept on implementing state policy on combating tobacco for 2010-2015 must be comprehensive and strengthened to effectively decrease this prevalence. For effective implementation of the national strategy, regular surveillance on key tobacco indicators is necessary. The following key strategies should be implemented for effective monitoring of tobacco use:

- Periodic implementation of surveys under the Global Tobacco Surveillance System (GTSS).
- Increase collaboration among tobacco control experts from various institutes and also the tobacco control stakeholders for strengthening tobacco surveillance system.
- Establish communication with national and international agencies for technical and financial support to administer surveys regularly under GTSS.
- Develop a monitoring plan responding to indicators and FCTC guidelines.

Protect – WHO FCTC: Article 8 “Protection from exposure to tobacco smoke”

Secondhand smoke (SHS) exposure causes illness in non-smokers. In the Russian Federation, almost 82% of adults believed that exposure to other people's smoke caused serious illness in non-smokers, while only 71% of current smokers believed this. GATS Russian Federation has shown that almost 35% of workers were exposed to secondhand smoke in indoor workplaces. More than 90% of adults were exposed to secondhand smoke (SHS) when visiting bars and night clubs and almost 80% were exposed when going to restaurants. Almost 25% of adults were exposed to SHS when using public transportation and 30% were exposed at colleges/universities. At places where protection from SHS exposure should be 100%, in the Russian Federation more than 10% of adults were exposed to SHS when visiting healthcare facilities and more than 11% were exposed when visiting schools. However, almost all adults thought indoor smoking should be prohibited at healthcare facilities (95%) and schools (99%). In addition, more than 80% believed smoking should be prohibited at workplaces and universities/colleges. Finally, more than half of all adults thought smoking should be prohibited in restaurants and cafes/cafeterias. People as a whole should be protected from tobacco smoke by:

- Advocating amendment of the current law to make more places 100% smoke-free and protect the public from exposure to tobacco smoke pollution.
- Enforcing smoke-free provisions of current law actively and effectively.
- Public awareness campaigns through the media to increase social awareness on the harms of tobacco and exposure to tobacco smoke.

10. Conclusion and Policy Implications

Offer — WHO FCTC: Article 14 “Demand reduction measures concerning tobacco dependence and cessation”

In the Russian Federation, current daily smokers smoked 17 cigarettes per day and 59 % of current tobacco users showed a high level of nicotine dependence (i.e., they used tobacco within 30 minutes of waking). GATS Russian Federation has shown that over 60 % of current smokers had an interest in quitting smoking. However, among those smokers who had recently tried to quit (in the last 12 months preceding the survey), only 11 % were successful in quitting, while 89 % were unsuccessful. In addition, only 32 % of smokers were advised to quit when visiting healthcare providers. Less than 27 % of smokers used evidence-based smoking cessation methods. Adults who either smoke or use smokeless tobacco products should be offered help to quit by:

- Establishing additional tobacco cessation centers (clinics) or strengthening existing clinics.
- Training nurses and health workers on counseling skills.
- Making available NRT and other pharmaco-therapeutic agents used in cessation.
- Training leaders at the worksite, community leaders and volunteers, and school teachers on cessation skills.
- Establishing health promotion activities, including tobacco cessation, in private and public health care facilities.
- Providing formal training to health professional students.
- Integrating tobacco cessation services in primary health care settings.
- Establishing a national quit line.

Warn — WHO FCTC: Article 11 “Packaging and labeling of tobacco products”; Article 12: “Education, communication, training and public awareness”

GATS Russian Federation has shown that 32 % of the adult population had not been exposed to information about the dangers of cigarette smoking. Almost 95 % of cigarette smokers noticed health warnings on cigarette packets, however, only one third of them thought about quitting because of a warning label. Only 84 % of current smokers believed smoking caused serious illness and among them, 36 % still believed certain types of cigarettes could be less harmful than others. Those with a higher education (26 %) believed certain types of cigarettes could be less harmful than others more than those with a low education level (8 %). One reason for this may be that labels such as “low tar”, “light”, “ultra-light”, and “mild” are still allowed to be printed on cigarette packaging. Better impact through public education may be achieved by:

Formulating and enacting effective health warnings on all types of smoking and smokeless tobacco products, including through pictures or pictograms.

Disseminating information on the health and economic impact of smoking and exposure to secondhand smoke through media campaigns.

Enforce — WHO FCTC: Article 13 “Tobacco advertising, promotion and sponsorship”

GATS Russian Federation has shown that almost 70 % of adults were exposed to cigarette advertisements, sponsorships, or promotions. Despite restrictions on advertising on television, about 11 % of adults noticed cigarette advertising on television. In addition, younger adults ages 15–24 were more exposed to cigarette advertisements (80.9 %) than older adults (65.2 %), which indicated cigarette marketing was targeted to younger age groups. Over 80 % of all adults in the Russian Federation favored prohibiting all advertising of tobacco products. Bans on tobacco advertising, promotion, and sponsorship should be enforced by:

- Modifying the national tobacco control act by including a ban on advertisement of all kinds of tobacco products, including smokeless tobacco.
- Raising social awareness regarding tobacco’s harm and revealing the selfishness of the tobacco industry’s promotion of tobacco.
- Coordinating with government and non-government organizations for tobacco control at every level, especially in remote areas, for systematic monitoring of tobacco industry advertising.

Enforcing laws and regulations rigorously to eliminate tobacco industry advertising.

Raise — WHO FCTC: Article 6 “Price and tax measures to reduce the demand for tobacco”

In the Russian Federation, on average a current cigarette smoker spent 567.6 rubles per month on manufactured cigarettes. The average amount spent on a pack of 20 manufactured cigarettes was 24.8 rubles, which was less than the cost of one loaf of rye bread (26 rubles), an indication of how affordable cigarettes are for Russians. Increasing the price of tobacco products by increasing the excise tax has been identified as a one of the most effective ways to discourage youth from starting to smoke, reduce tobacco use, and also save lives.

- Advocate for raising the tax on all types of tobacco products; ensure that each year, the increase of the price of cigarettes remains higher than the inflation rate.
- Enhance political commitment to regularly revise and increase taxes on tobacco, including smokeless tobacco and imported cigarettes.
- Strengthen national enforcement to restrict sales of tobacco products to youth less than 18 years old.

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Appendix A: Sample Design

A.1 Introduction

The Global Adult Tobacco Survey was the first of its kind conducted in the Russian Federation (GATS Russian Federation 2009) to monitor tobacco use and was designed to be a nationally representative household survey of all non-institutionalized men and women age 15 and older. The main objectives of this survey were to provide estimates of tobacco use, exposure to secondhand smoking, and frequency of quit attempts, and to monitor tobacco control interventions. The survey design requirements for this study were developed so that precise estimates could be generated for the Russian Federation as a whole, as well as by urban/rural residence and by gender.

The target population for this survey included all men and women in the Russian Federation age 15 and older. This target population included all people who considered the Russian Federation to be their primary place of residence. The definition included all those individuals residing in the Russian Federation even though they may not be considered citizens. The only adults age 15 and older excluded from the study were those individuals visiting the Russian Federation (e.g., tourists), those who indicated their primary place of residence was a military base or group quarters (e.g., a dormitory) and those who were institutionalized—including people residing in hospitals, prisons, nursing homes, boarding schools, retirement and invalid homes, other institutional establishments and collective premises, and other such institutions. Eligible respondents could withdraw from the study at any time. They also had a right to refuse to answer any question without providing the reason for their decision.

A.2 Sampling Frame

The GATS Russian Federation was conducted in 60 out of 83 regions (constituent political entities of the Russian Federation) (see **Exhibit A–1**) with a total population of 129.3 million. The following 23 regions of the Russian Federation were excluded from the survey: the Republic of Ingushetia, Republic North Ossetia — Alania, Chechen Republic, Republic of Karelia, Nenets autonomous okrug, Murmansk oblast, Novgorod oblast, Republic of Adygea, Republic of Kalmykia, Republic of Karachaevo-Cherkessia, Republic of Mari El, Khanty-Mansiysky autonomous okrug — Yugra, Yamalo-Nenetsky autonomous okrug, Republic of Altay, Republic of Tyva, Republic of Khakassia, Republic of Sakha (Yakutia), Amurskaya oblast, Kamchatskiy kray, Magadanskaya oblast, Sakhalinskaya oblast, Jewish autonomous oblast, Chukotka autonomous okrug. The reasons for this decision were lack of safety or inaccessibility. Three of these regions, namely Republic of Ingushetia, Republic North Ossetia Alania and Chechen Republic, were identified as unsafe and the other 20 regions are difficult to reach; the total population for 17 of these 20 regions represents only 0.5 % of the total for the Russian Federation.

The total population size for all 23 regions is 12, 694,600, leaving a survey coverage rate of 91.1 % of the total population.

The sampling frame used for the GATS Russian Federation design was the updated 2008 *Annual sample file* (ASF, 2008), which was created on the basis of the 2002 Russian Population Census (RPC, 2002) and the 2008 *Quarterly Employment Survey* (QES, 2008) sample file of PSUs (Enumeration Blocks (EBs), known as ‘Schetinyj Uchastok’ in both rural and urban areas). This sample file was updated using current data as of January 1, 2008 with due regard for all structural and administrative changes that had occurred after 2002. Originally, based on the 2002 census, there were 373,359 EBs (248,229 urban and 125,124 rural) from which the new RusStat Master Sample PSUs were chosen in 2008. The master sample file consists of 4788 Primary Sampling Units (PSUs) in all 83 regions of the Russian Federation, selected using systematic probability proportional to size (PPS) by regions, separately for urban and rural population, out of which 4048 PSUs were from the 60 selected regions (see **Exhibit A–2** for an example showing mapping of EBs in a selected region). The overall PSU sampling rate for the Master Sample Russia as a whole was 1.2 to 1.378 percent. These master sample PSUs were allocated in 356 specially constructed Territorial segments (TS). Geographical Stratification with serpentine allocation was used to create these territorial segments (TS) within each region.

A.3 Sample Design

The sample for GATS Russian Federation 2009 was a four-stage stratified cluster sample of households. In the first stage, 282 territorial segments called GATS Primary Sampling Units (PSUs) (147 urban and 135 rural) were selected randomly from 356 territorial segments. TSs were selected separately for urban and rural populations within regions. The size measure used for PPS sampling was the total number of households for all created/selected territorial segments, separately for urban and rural populations. The Secondary Sampling Units (SSUs) were based on ASF–2008. In the second stage, 600 enumeration blocks (EBs) (318 urban and 282 rural) were selected systematically from those TSs selected in the first stage. In the third stage, households were selected from each selected SSU. Household selection was an equal probability systematic selection with 20 households per SSU, using a fractional interval technique both for urban and rural populations separately, considering expected attrition for variable response between male and female. Selected households in each of the selected segments of 60 regions were randomly assigned as “male” or “female” in a ratio of 11:9 for male and female households, respectively. Finally, one individual was randomly chosen from each of all the eligible males/females in participating households. No replacements and no changes of the pre-selected households were allowed in the implementing stages in order to prevent bias.

A.4 Sample Size

GATS was designed to produce estimates that met the following precision requirements:

Estimates computed at the national level, by urban/rural classification, by gender and by the cross of gender and urban/rural should have a 95 % margin of error of 3 percentage points or less for tobacco use rates of 40 %.

Sample sizes should be sufficiently large to accommodate the statistical power requirements for tests to detect differences between survey rounds with independently chosen samples.

Assuming a design effect of 2.00 for estimates computed at the national level, by urban/rural classification, by gender and by the cross of gender and urban/rural, the minimum sample sizes needed to accommodate these precision requirements were 2,000 respondents in each of the four groups, defined by the cross of urban/rural and gender. This resulted in a minimum expected respondent sample of 8,000. Based on the information from other national surveys in the Russian Federation conducted by Rosstat and GATS sample design recommendations, the following anticipated non-response rates at the household and individual level were considered: household eligibility rate (90 %), household response rate (98 %), household screening rate (95 %), person eligibility rate (98 %) and person response rate (85 % for male and 90 % for female). As a result, the estimated number of households per SSU is around 19 and the number of households per SSU was fixed at 20 households and a final adjusted sample size of 12,000 households (see **Table A.1** for details on Sample design implementation and number of enumeration blocks and households selected). Among the 600 SSUs selected, 318 were allocated to urban areas, and 282 to rural areas. Among the 12,000 households, 6,360 were in urban areas, and 5,640 were in rural areas. The households were allocated to each region/SSU, residence and gender in order to obtain comparable survey precision among each subgroup. **Table A.1** below shows the sample distribution of enumeration blocks and households by residence across all 60 regions in the Russian Federation considered for the survey.

A.5 Sampling Probabilities and Sample Weights

Due to non-proportional allocation of the sample to the different strata, sampling weights were required to ensure the actual representativeness of the sample at the national level as well as the stratum level (urban/rural areas). The weighting process for the GATS involved a three-step process: (1) the base weight or design weight, calculated from all steps of random selection in the sample design, (2) an adjustment for non-response by sample households and sample individuals eligible for the survey and (3) a post-stratification adjustment (calibration) of sample totals to the known population totals.

(1) Base weight

The inverse of the unconditional probability of selection was the final selection weight (base weight) for each respondent, which is the reciprocal of product of the probabilities of selection associated with each stage of the design. In order to calculate the sampling weights, sampling probabilities were calculated

separately for each sampling stage using the following formulae:

Probability of *i*-PSU to be selected in *h*-TS sample at the 1st stage (P_{1hi}):

$$P_{1hi} = k_{hi} \cdot \frac{m_{hi}}{M_h}$$

Where,

k_{hi} = number of PSU to be selected in *h*-TS separately by urban and rural population

m_{hi} = number of HH in *i*-PSU included in sample at the 1st stage within TS

M_h = total number of HH in *h*-TS for all PSU separately for urban and rural population

$$P_2 = l \frac{M_h}{\sum_1^k M_h}$$

Probability of selecting territorial segment (TS) (PSU) for GATS subsample at 1st stage (P_2):

$$P_3 = \frac{n_i}{k_{hi}}$$

Where,

l = number of TS (PSU) to be selected at the 1st stage to the GATS subsample

$\sum M_h$ = total number of households for all created l – Territorial Segments

Probability of selecting enumeration block (SSU) for the GATS Subsample at the 2nd stage (P_3):

$$P_4 = \frac{m_i'}{m_{hi}}$$

Where,

n_i = number of enumeration blocks to be included in the GATS subsample at the 2d stage within TS (PSU) selected at the 1st stage

Probability of selecting households for the GATS subsample at the 3d stage within selected enumeration block (P_4):

$$P_5 = \frac{m_i''}{m_i'}$$

Where, m_i' = number of households to be selected for the GATS Subsample within enumeration block selected at the 2d stage

Probability of assigning households to male or female group of GATS Subsample (P_5):

$$P_5 = \frac{m_i''}{m_i'}$$

Where, m_i'' = number of households included in male and female groups at the 4th stage of GATS subsample

GATS Final Respondent Selection Probability (P):

$$P = P_{1hi} \cdot P_2 \cdot P_3 \cdot P_4 \cdot P_5 \cdot P_6$$

Where, P_6 = Eligible respondent selection probability for individual interview and is obtained from the household questionnaire.

A spreadsheet containing all sampling parameters and selection probabilities was prepared to facilitate the calculation of base weight.

(2) Adjustment for unit non-response

The base weights were adjusted for non-response on two factors: household-level non-response adjustments, and person-level non-response adjustments. Household-level non-response adjustments were made within the SSU. The corresponding household-level weighting class adjustments were computed as one divided by the weighted household response rate for each sample SSU. The person-level response rate was computed by roster-reported gender (male/female), residence (urban/rural), and current smoking status (smoker/non-smoker).

(3) Post-Stratification calibration adjustment

In principle, the goal of a calibration weight adjustment is to bring weighted sums of the sample data into line with the corresponding counts in the target population. Provisional population totals, projections of persons 15 years and older by urban/rural residence, and respondent-reported gender and age-group (15–24, 25–44, 45–64 and 65+) from the current statistics on population were available from Rosstat as of January 1, 2009, with due regard for all structural and administrative changes that occurred after 2002 Russian Population Census and were used for a post-Stratification calibration adjustment.

Ultimately, the final analysis weight (W) for the j -th respondent data record was computed as the product of the base weights, the non-response adjustment and post-stratification calibration adjustment. The final weights were used in all analyses to produce estimates and confidence intervals.

Exhibit A-1



Exhibit A-2

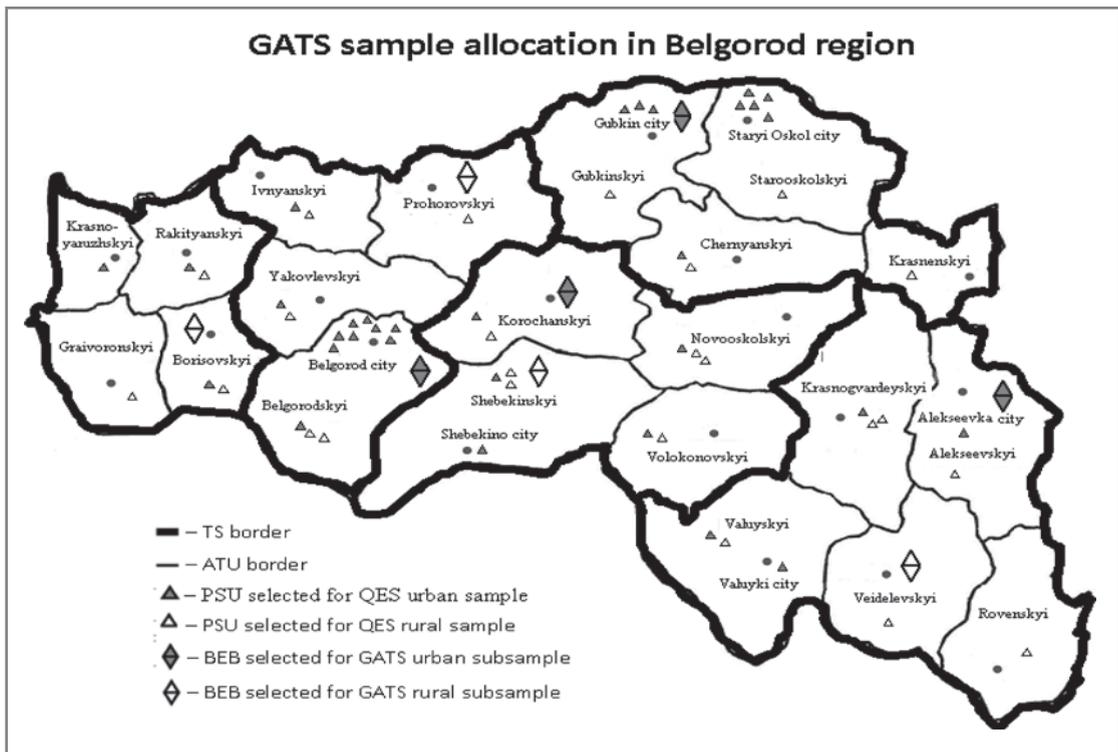


Table A.1: Sample design implementation and number of enumeration blocks and households selected, GATS Russian Federation, 2009

S.No.	Regions of the Russian Federation	Number of TSs created using BIF-2002	Number of enumeration blocks in BIF-2002			Number of TSs (PSU) selected at the first stage for ASF			Number of EBs selected for ASF			Number of EBs (SSUs) selected for GATS sample			Number of households selected for GATS sample		
			total	urban	rural	total	urban	rural	total	urban	rural	total	urban	rural	total	urban	rural
	Total of 60 regions	356	333 100	225 130	107 970	282	147	135	4048	2592	1456	600	318	282	12 000	6360	5640
1	Belgorod region	5	3913	2294	1619	4	2	2	56	32	24	8	4	4	160	80	80
2	Bryansk region	6	3590	2198	1392	4	2	2	84	52	32	8	4	4	160	80	80
3	Vladimir region	5	3898	2916	982	4	2	2	56	40	16	8	4	4	160	80	80
4	Voronezh region	7	6396	3523	2873	4	2	2	68	36	32	10	5	5	200	100	100
5	Ivanovo region	6	2912	2278	634	4	2	2	52	32	20	8	4	4	160	80	80
6	Kaluga region	5	2700	1859	841	4	2	2	60	32	28	8	4	4	160	80	80
7	Kostroma region	5	2001	1213	788	4	2	2	56	32	24	8	4	4	160	80	80
8	Kursk region	6	3376	1841	1535	4	2	2	60	32	28	8	4	4	160	80	80
9	Lipetsk region	5	3156	1822	1334	4	2	2	60	32	28	8	4	4	160	80	80
10	Moscow region	13	16 322	12 166	4156	8	4	4	144	104	40	18	9	9	360	180	180
11	Orel region	5	2275	1279	996	4	2	2	52	28	24	8	4	4	160	80	80
12	Ryazan region	5	3205	1996	1209	4	2	2	52	28	24	8	4	4	160	80	80
13	Smolensk region	5	2812	1820	992	4	2	2	44	24	20	8	4	4	160	80	80
14	Tambov region	5	3231	1634	1597	4	2	2	48	24	24	8	4	4	160	80	80
15	Tver region	6	3941	2660	1281	4	2	2	56	32	24	8	4	4	160	80	80
16	Tula region	6	4251	3260	991	4	2	2	56	36	20	8	4	4	160	80	80
17	Yaroslavl region	5	3427	2589	838	4	2	2	64	40	24	8	4	4	160	80	80
18	Moscow	10	20 978	20 978	0	7	7	0	204	204	0	21	21	0	420	420	0
19	Republic of Komi	4	2708	1864	844	4	2	2	48	28	20	8	4	4	160	80	80
20	Arkhangelsk region	4	3445	2383	1062	4	2	2	48	32	16	8	4	4	160	80	80
21	Vologda region	5	3354	2094	1260	4	2	2	56	32	24	8	4	4	160	80	80
22	Kaliningrad region	4	2386	1730	656	4	2	2	40	24	16	8	4	4	160	80	80
23	Leningrad region	5	4297	2557	1740	4	2	2	60	36	24	10	5	5	200	100	100
24	Pskov region	5	2021	1206	815	4	2	2	44	24	20	8	4	4	160	80	80
25	Saint-Petersburg	20	10 870	10 870	0	5	5	0	120	120	0	15	15	0	300	300	0
26	Republic of Dagestan	5	6481	2258	4223	4	2	2	48	20	28	10	5	5	200	100	100
27	Republic of Kabardino-Balkaria	3	2153	1054	1099	4	2	2	24	16	8	8	4	4	160	80	80
28	Krasnodar Territory	8	13 400	6214	7186	8	4	4	112	60	52	16	8	8	320	160	160
29	Stavropol Territory	6	7157	3531	3626	4	2	2	68	40	28	10	5	5	200	100	100
30	Astrakhan region	3	2569	1548	1021	4	2	2	44	28	16	8	4	4	160	80	80

Table A.1: Sample design implementation and number of enumeration blocks and households selected, GATS Russian Federation, 2009

S.No.	Regions of the Russian Federation	Number of TSs created using BIF-2002	Number of enumeration blocks in BIF-2002			Number of TSs (PSU) selected at the first stage for ASF			Number of EBs selected for ASF			Number of EBs (SSUs) selected for GATS sample			Number of households selected for GATS sample		
			total	urban	rural	total	urban	rural	total	urban	rural	total	urban	rural	total	urban	rural
Total of 60 regions		356	333 100	225 130	107 970	282	147	135	4048	2592	1456	600	318	282	12 000	6360	5640
31	Vologograd region	6	6650	4553	2097	6	3	3	76	52	24	12	6	6	240	120	120
32	Rostov region	7	11 133	6797	4336	6	3	3	96	64	32	14	7	7	280	140	140
33	Republic of Bashkortostan	7	10 637	6038	4599	6	3	3	108	64	44	14	7	7	280	140	140
34	Republic of Mordovia	4	2367	1282	1085	4	2	2	44	24	20	8	4	4	160	80	80
35	Republic of Tatarstan	7	9481	6463	3018	6	3	3	100	56	44	14	7	7	280	140	140
36	Republic of Udmurtia	5	4088	2595	1493	4	2	2	52	28	24	8	4	4	160	80	80
37	Republic of Chuvashia	4	3503	1870	1633	4	2	2	44	24	20	8	4	4	160	80	80
38	Kirov region	6	3944	2548	1396	4	2	2	56	32	24	8	4	4	160	80	80
39	Nizhny Novgorod	8	9058	6581	2477	6	3	3	88	56	32	14	7	7	280	140	140
40	Orenburg region	7	5782	2888	2894	4	2	2	60	32	28	8	4	4	160	80	80
41	Penza region	5	3894	2261	1633	4	2	2	48	28	20	8	4	4	160	80	80
42	Perm territory	7	7151	4888	2263	6	3	3	88	56	32	12	6	6	240	120	120
43	Samara region	6	8025	6098	1927	6	3	3	72	52	20	12	6	6	240	120	120
44	Saratov region	7	6739	4558	2181	6	3	3	64	44	20	12	6	6	240	120	120
45	Ulyanovsk region	4	3597	2414	1183	4	2	2	60	32	28	8	4	4	160	80	80
46	Kurgan region	4	2798	1357	1441	4	2	2	44	24	20	8	4	4	160	80	80
47	Sverdlovsk region	8	10 914	9206	1708	8	4	4	108	84	24	16	8	8	320	160	160
48	Tumen region	5	3544	1898	1646	4	2	2	40	24	16	8	4	4	160	80	80
49	Chelyabinsk region	6	8870	6786	2084	6	3	3	92	68	24	14	7	7	280	140	140
50	Republic of Buryatia	4	2655	1373	1282	4	2	2	36	20	16	8	4	4	160	80	80
51	Republic of Altay	7	7007	3191	3816	6	3	3	72	36	36	12	6	6	240	120	120
52	Krasnoyarsk Territory	8	7591	5309	2282	6	3	3	100	60	40	12	6	6	240	120	120
53	Irkutsk region	6	6575	4853	1722	4	2	2	80	48	32	10	5	5	200	100	100
54	Kemerovo region	5	7025	5818	1207	6	3	3	84	64	20	12	6	6	240	120	120
55	Novosibirsk region	6	6722	4579	2143	6	3	3	76	52	24	12	6	6	240	120	120
56	Omsk region	6	5331	3258	2073	4	2	2	64	40	24	8	4	4	160	80	80
57	Tomsk region	4	2752	1631	1121	4	2	2	36	20	16	8	4	4	160	80	80
58	Zabaykalye territory	6	3096	1773	1323	4	2	2	60	32	28	8	4	4	160	80	80
59	Primorsky Territory	5	5297	3892	1405	4	2	2	60	40	20	10	5	5	200	100	100
60	Khabarovsk Territory	4	3649	2737	912	4	2	2	56	36	20	8	4	4	160	80	80

Appendix B: Estimates of Sampling Errors

The estimates from a sample survey are affected by two types of error: (1) non-sampling errors, and (2) sampling errors. *Non-sampling errors* are the result of errors or mistakes that cannot be attributable to sampling and were made in implementing data collection and data processing, such as errors in coverage, response errors, non-response errors, faulty questionnaires, interviewer recording errors, data processing errors, etc. Although numerous efforts were made during the implementation of GATS in the Russian Federation to minimize those errors, non-sampling errors are impossible to avoid and difficult to evaluate statistically.

The sample of respondents selected in the GATS Russian Federation was only one of the samples that could have been selected from the same population, using the same design and sample size. Each of these samples would yield results that differed somewhat from the results of the actual sample selected. *Sampling errors* are a measure of the variability between all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey results.

The following sampling error measures are presented for each of the selected indicator:

- *Standard error (SE)*: Sampling errors are usually measured in terms of standard errors for particular estimate or indicator (R). Standard error of an estimate is thus simply the square root of the variance of that estimate, and is computed in the same units as the estimate.
- *Design effect (DEFT)* shows the efficiency of the sample design and is calculated for each estimate as the ratio between the standard error using the given sample design and the standard error that would result if a simple random sample had been used. A DEFT value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a DEFT value above 1.0 indicates the increase in the standard error due to the use of a more complex sample design. In general, for a well designed study, DEFT usually ranges from 1 to 3. It is common, however, for DEFT to be much larger, up to 7 or 8.
- *Relative standard error (SE/R)* is the ratio of the standard error to the value of the indicator.
- *Confidence limits (R±1.96SE)* are calculated to show the interval within which the true value for the population can be reasonably assumed to fall. For any given statistic calculated from the survey, the value of that statistics will fall within a range of plus or minus two times the standard error of the statistic in 95 percent of all possible samples of identical size and design.

Calculation of standard error

If the sample of respondents had been selected as a simple random sample, it would have been possible to use straightforward formulas for calculating sampling errors. However, the GATS 2009 sample is the result of a multi-stage stratified design, and, consequently, it was necessary to use more complex formulae. For the calculation of sampling errors from GATS Russian Federation data, SPSS Version 17 with complex samples module was used. The Taylor linearization method of variance estimation was used for survey estimates that are means or proportions.

The Taylor linearization method treats any percentage or average as a ratio estimate, $r = y/x$, where y represents the total sample value for variable y , and x represents the total number of cases in the group or subgroup under consideration. The variance of r is computed using the formula given below:

$$SE^2(r) = \text{var}(r) = \frac{1-f}{x^2} \sum_{h=1}^2 \left[\frac{m_h}{m_h-1} \left(\sum_{i=1}^{m_h} Z_{hi}^2 - \frac{Z_h^2}{m_h} \right) \right]$$

in which, $Z_{hi} = y_{hi} - rx_{hi}$ and $Z_h = y_h - rx_h$

where h (=1 or 2) represents the stratum which is urban or rural,

m_h is the total number of PSUs selected in the h th stratum,

y_{hi} is the sum of the weighted values of variable y in the i th PSU in the h th stratum,

x_{hi} is the sum of the weighted number of cases in the i th PSU in the h th stratum, and

f is the overall sampling fraction, which is so small that it is ignored.

The results are presented in this appendix for the country as a whole, for urban and rural areas, and for gender. For each variable or indicator, the type of statistic (mean, proportion, or rate) and the base population are given in **Table B.1**. In addition to the standard error (SE) described above, the tables (**Tables B.2 to B.6**) include the value of the estimate (R), the number of un-weighted and weighted counts, the design effect (DEFT), the relative standard error (SE/R), and the 95 percent confidence limits (R±1.96SE), for each variable or indicator.

Table B.1: List of indicators for sampling errors, GATS Russian Federation 2009.

Indicator	Estimate	Base Population
Current Tobacco Users	Proportion	Adults \geq 15 years old
Current Tobacco Smokers	Proportion	Adults \geq 15 years old
Current Smokeless Tobacco Smokers	Proportion	Adults \geq 15 years old
Current Manufactured Cigarette Smokers	Proportion	Adults \geq 15 years old
Daily Tobacco Smoker	Proportion	Adults \geq 15 years old
Daily Manufactured Cigarette Smokers	Proportion	Adults \geq 15 years old
Former Daily Tobacco Smokers Among All Adults	Proportion	Adults \geq 15 years old
Former Tobacco Smokers Among Ever Daily Smokers	Proportion	Ever daily smokers \geq 15 years old
Time to First Tobacco use within 5 minutes of waking	Proportion	Daily Tobacco Users \geq 15 years old
Time to First Tobacco use within 6–30 minutes of waking	Proportion	Daily Tobacco Users \geq 15 years old
Smoking Quit Attempt in the Past 12 Months	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months
Health Care Provider Asked about Smoking	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months and who visited a HCP during the past 12 months
Health Care Provider Advised Quitting Smoking	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months and who visited a HCP during the past 12 months
Use of Pharmacotherapy for Smoking Cessation	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months
Use of Counseling/Advice or Quit Lines for Smoking Cessation	Proportion	Current smokers and former smokers who have been abstinent for less than 12 months
Planning to quit, thinking about quitting, or will quit smoking	Proportion	Current Smokers \geq 15 years old
Exposure to SHS at Home	Proportion	Adults \geq 15 years old
Exposure to SHS at Work	Proportion	Adults who works indoors
Exposure to SHS in Government Buildings/Offices	Proportion	Adults \geq 15 years old
Exposure to SHS in Health Care Facilities	Proportion	Adults \geq 15 years old
Exposure to SHS in Restaurants	Proportion	Adults \geq 15 years old
Exposure to SHS on Public Transportation	Proportion	Adults \geq 15 years old
Exposure to SHS in Schools, College or University	Proportion	Adults \geq 15 years old
Last cigarette purchase in store	Proportion	Current manufactured smokers \geq 15 years old
Noticed Anti-Smoking Information at Any Location	Proportion	Adults \geq 15 years old
Noticed Health Warning Labels on Cigarette Packages	Proportion	Adults \geq 15 years old
Thinking of Quitting Because of Health Warning Labels on Cigarette Package	Proportion	Adults \geq 15 years old
Noticed Any Advertisement, Sponsorship or Promotion	Proportion	Adults \geq 15 years old
Believes that Tobacco Smoking Causes Serious Illness	Proportion	Adults \geq 15 years old
Believes that Tobacco Smoking Causes Strokes	Proportion	Adults \geq 15 years old
Believes that Tobacco Smoking Causes Heart Attacks	Proportion	Adults \geq 15 years old
Believes that Tobacco Smoking Causes Lung Cancer	Proportion	Adults \geq 15 years old
Believes that Using Smokeless Tobacco Causes Serious Illness	Proportion	Adults \geq 15 years old
Believes that SHS Causes Serious Illness in Non-Smokers	Proportion	Adults \geq 15 years old
Number of Cigarettes Smoked per Day (by daily smokers)	Mean	Current cigarette smokers \geq 15 years old
Time since Quitting Smoking (in years)	Mean	Former smokers \geq 15 years old
Monthly Expenditures on Manufactured Cigarettes	Mean	Current cigarette smokers \geq 15 years old
Age at Daily Smoking Initiation	Mean	Ever daily smokers \geq 15 years old

Table B.2: Sampling Errors — National Sample, GATS Russian Federation 2009

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.394	0.007	11 406	112 236	1.554	0.018	0.380	0.408
Current Tobacco Smokers	0.391	0.007	11 406	112 236	1.528	0.018	0.378	0.405
Current Smokeless Tobacco Users	0.006	0.001	11 406	112 236	1.644	0.201	0.004	0.008
Current Manufactured Cigarette Smokers	0.385	0.007	11 406	112 236	1.525	0.018	0.372	0.399
Daily Tobacco Smoker	0.338	0.007	11 406	112 236	1.479	0.019	0.325	0.351
Daily Manufactured Cigarette Smokers	0.334	0.006	11 406	112 236	1.465	0.019	0.322	0.347
Former Daily Tobacco Smokers Among All Adults	0.081	0.004	11 406	112 236	1.421	0.045	0.074	0.088
Former Tobacco Smokers Among Ever Daily Smokers	0.183	0.008	5533	49 450	1.446	0.041	0.169	0.198
Time to First Tobacco use within 5 minutes of waking	0.220	0.010	4274	37 938	1.607	0.046	0.200	0.240
Time to First Tobacco use within 6–30 minutes of waking	0.370	0.010	4274	37 938	1.403	0.028	0.349	0.390
Smoking Quit Attempt in the Past 12 Months	0.321	0.010	4972	45 449	1.479	0.031	0.301	0.340
Health Care Provider Asked about Smoking	0.454	0.015	2626	24 814	1.561	0.033	0.424	0.484
Health Care Provider Advised Quitting Smoking	0.318	0.015	2626	24 814	1.603	0.046	0.289	0.346
Use of Pharmacotherapy for Smoking Cessation	0.201	0.015	1576	14 566	1.535	0.077	0.170	0.231
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.035	0.005	1576	14 560	1.143	0.152	0.024	0.045
Planning to quit, thinking about quitting, or will quit smoking	0.603	0.012	4801	43 842	1.753	0.021	0.579	0.628
Exposure to SHS at Home	0.347	0.009	11 406	112 236	2.050	0.026	0.329	0.365
Exposure to SHS at Work	0.349	0.013	6025	62 877	2.076	0.037	0.324	0.374
Exposure to SHS in Government Buildings/Offices	0.095	0.005	11 406	112 236	1.985	0.057	0.085	0.106
Exposure to SHS in Health Care Facilities	0.041	0.004	11 406	112 236	2.019	0.092	0.033	0.048
Exposure to SHS in Restaurants	0.121	0.008	11 406	112 236	2.558	0.064	0.106	0.137
Exposure to SHS on Public Transportation	0.181	0.009	11 406	112 236	2.594	0.052	0.162	0.199
Exposure to SHS in Schools, College or University	0.051	0.004	11 406	112 236	1.831	0.074	0.044	0.058
Last cigarette purchase in store	0.668	0.014	4691	42 814	2.038	0.021	0.641	0.696
Noticed Anti-Smoking Information at Any Location	0.681	0.012	11 406	112 236	2.835	0.018	0.656	0.705
Noticed Health Warning Labels on Cigarette Packages	0.643	0.010	11 406	112 236	2.298	0.016	0.622	0.663
Thinking of Quitting Because of Health Warning Labels	0.337	0.015	11 406	112 236	2.129	0.044	0.307	0.366
Noticed Any Advertisement, Sponsorship or Promotion	0.680	0.011	11 406	112 236	2.582	0.017	0.658	0.702
Belief that Tobacco Smoking Causes Serious Illness	0.908	0.006	11 406	112 236	2.180	0.006	0.897	0.920
Belief that Tobacco Smoking Causes Stroke	0.673	0.010	11 406	112 236	2.210	0.014	0.654	0.692
Belief that Tobacco Smoking Causes Heart Attack	0.710	0.010	11 406	112 236	2.257	0.014	0.691	0.729
Belief that Tobacco Smoking Causes Lung Cancer	0.912	0.005	11 406	112 236	1.872	0.005	0.903	0.922
Belief that Smokeless Tobacco Causes Serious Illness	0.430	0.014	11 406	112 236	2.990	0.032	0.403	0.458
Belief that SHS Causes Serious Illness in Non-Smokers	0.819	0.008	11 406	112 236	2.235	0.010	0.803	0.835
Number of Cigarettes Smoked per Day (by daily smokers)	16.902	0.003	4272	37 937	1.730	0.016	16.385	17.419
Time since Quitting Smoking (in years)	11.714	0.005	1047	9063	1.442	0.046	10.667	12.760
Monthly Expenditures on Manufactured Cigarettes	567.571	0.204	4582	41 607	1.355	0.036	527.512	607.629
Age at Daily Smoking Initiation	18.090	0.001	5403	48 438	1.578	0.006	17.879	18.301

Table B.3: Sampling Errors — Male Sample, GATS Russian Federation 2009.

Indicator	Estimate (R)	Number of respondents			Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
		Standard Error (SE)	Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.607	0.009	6217	50 848	1.455	0.015	0.589	0.624
Current Tobacco Smokers	0.602	0.009	6217	50 848	1.455	0.015	0.585	0.620
Current Smokeless Tobacco Users	0.010	0.002	6217	50 848	1.859	0.230	0.006	0.015
Current Manufactured Cigarette Smokers	0.593	0.009	6217	50 848	1.420	0.015	0.576	0.610
Daily Tobacco Smoker	0.550	0.009	6217	50 848	1.473	0.017	0.532	0.568
Daily Manufactured Cigarette Smokers	0.543	0.009	6217	50 848	1.439	0.017	0.525	0.560
Former Daily Tobacco Smokers Among All Adults	0.133	0.006	6217	50 848	1.387	0.045	0.121	0.145
Former Tobacco Smokers Among Ever Daily Smokers	0.188	0.008	4497	35 975	1.424	0.044	0.172	0.204
Time to First Tobacco use within 5 minutes of waking	0.245	0.011	3490	28 009	1.559	0.046	0.223	0.267
Time to First Tobacco use within 6–30 minutes of waking	0.391	0.012	3490	28 009	1.455	0.031	0.368	0.415
Smoking Quit Attempt in the Past 12 Months	0.294	0.010	3900	31 463	1.366	0.034	0.274	0.313
Health Care Provider Asked about Smoking	0.477	0.016	1960	15 893	1.461	0.035	0.445	0.509
Health Care Provider Advised Quitting Smoking	0.342	0.016	1960	15 893	1.511	0.047	0.310	0.373
Use of Pharmacotherapy for Smoking Cessation	0.190	0.016	1179	9242	1.380	0.083	0.159	0.221
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.043	0.007	1179	9242	1.202	0.165	0.029	0.057
Planning to quit, thinking about quitting, or will quit smoking	0.558	0.012	3781	30 562	1.531	0.022	0.534	0.582
Exposure to SHS at Home	0.367	0.011	6217	50 848	1.811	0.030	0.345	0.389
Exposure to SHS at Work	0.457	0.016	3187	28 882	1.827	0.035	0.425	0.489
Exposure to SHS in Government Buildings/Offices	0.113	0.008	6217	50 848	1.871	0.066	0.099	0.128
Exposure to SHS in Health Care Facilities	0.038	0.004	6217	50 848	1.757	0.113	0.029	0.046
Exposure to SHS in Restaurants	0.127	0.009	6217	50 848	2.210	0.074	0.109	0.145
Exposure to SHS on Public Transportation	0.158	0.009	6217	50 848	1.978	0.058	0.140	0.176
Exposure to SHS in Schools, College or University	0.059	0.005	6217	50 848	1.748	0.089	0.048	0.069
Last cigarette purchase in store	0.666	0.014	3699	29 855	1.814	0.021	0.638	0.693
Noticed Anti-Smoking Information at Any Location	0.668	0.013	6217	50 848	2.220	0.020	0.642	0.694
Noticed Health Warning Labels on Cigarette Packages	0.753	0.010	6217	50 848	1.792	0.013	0.734	0.773
Thinking of Quitting Because of Health Warning Labels	0.336	0.015	6217	50 848	1.892	0.044	0.306	0.365
Noticed Any Advertisement, Sponsorship or Promotion	0.716	0.012	6217	50 848	2.038	0.016	0.694	0.739
Belief that Tobacco Smoking Causes Serious Illness	0.880	0.008	6217	50 848	1.898	0.009	0.865	0.896
Belief that Tobacco Smoking Causes Stroke	0.609	0.012	6217	50 848	1.875	0.019	0.586	0.632
Belief that Tobacco Smoking Causes Heart Attack	0.657	0.012	6217	50 848	1.966	0.018	0.633	0.680
Belief that Tobacco Smoking Causes Lung Cancer	0.885	0.007	6217	50 848	1.754	0.008	0.871	0.899
Belief that Smokeless Tobacco Causes Serious Illness	0.379	0.015	6217	50 848	2.364	0.038	0.350	0.407
Belief that SHS Causes Serious Illness in Non-Smokers	0.757	0.011	6217	50 848	2.039	0.015	0.735	0.779
Number of Cigarettes Smoked per Day (by daily smokers)	18.421	0.003	3486	27 956	1.517	0.015	17.874	18.967
Time since Quitting Smoking (in years)	12.113	0.005	874	6759	1.264	0.044	11.061	13.165
Monthly Expenditures on Manufactured Cigarettes	607.748	0.230	3628	29 173	1.259	0.038	562.664	652.832
Age at Daily Smoking Initiation	17.411	0.001	4382	35 136	1.377	0.005	17.224	17.597

Table B.4: Sampling Errors — Female Sample, GATS Russian Federation 2009.

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.217	0.011	5189	61 388	1.867	0.049	0.196	0.238
Current Tobacco Smokers	0.217	0.011	5189	61 388	1.871	0.049	0.196	0.238
Current Smokeless Tobacco Users	0.002	0.001	5189	61 388	1.285	0.393	0.000	0.004
Current Manufactured Cigarette Smokers	0.214	0.011	5189	61 388	1.876	0.050	0.193	0.235
Daily Tobacco Smoker	0.163	0.010	5189	61 388	1.871	0.059	0.144	0.181
Daily Manufactured Cigarette Smokers	0.162	0.010	5189	61 388	1.871	0.059	0.143	0.181
Former Daily Tobacco Smokers Among All Adults	0.038	0.004	5189	61 388	1.514	0.106	0.030	0.045
Former Tobacco Smokers Among Ever Daily Smokers	0.171	0.016	1036	13 476	1.378	0.094	0.139	0.203
Time to First Tobacco use within 5 minutes of waking	0.151	0.017	784	9930	1.331	0.113	0.117	0.184
Time to First Tobacco use within 6–30 minutes of waking	0.308	0.021	784	9930	1.302	0.070	0.266	0.350
Smoking Quit Attempt in the Past 12 Months	0.381	0.023	1072	13 986	1.550	0.060	0.336	0.426
Health Care Provider Asked about Smoking	0.413	0.029	666	8919	1.533	0.071	0.355	0.470
Health Care Provider Advised Quitting Smoking	0.275	0.024	666	8919	1.373	0.086	0.229	0.322
Use of Pharmacotherapy for Smoking Cessation	0.219	0.031	397	5318	1.490	0.141	0.159	0.280
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.020	0.008	397	5318	1.107	0.388	0.005	0.035
Planning to quit, thinking about quitting, or will quit smoking	0.707	0.022	1020	13 280	1.512	0.030	0.665	0.750
Exposure to SHS at Home	0.330	0.012	5189	61 388	1.784	0.035	0.307	0.353
Exposure to SHS at Work	0.257	0.015	2838	33 994	1.831	0.058	0.228	0.287
Exposure to SHS in Government Buildings/Offices	0.080	0.006	5189	61 388	1.578	0.074	0.069	0.092
Exposure to SHS in Health Care Facilities	0.043	0.005	5189	61 388	1.656	0.108	0.034	0.052
Exposure to SHS in Restaurants	0.117	0.009	5189	61 388	1.924	0.073	0.100	0.133
Exposure to SHS on Public Transportation	0.199	0.012	5189	61 388	2.076	0.058	0.177	0.222
Exposure to SHS in Schools, College or University	0.045	0.005	5189	61 388	1.687	0.108	0.035	0.054
Last cigarette purchase in store	0.673	0.024	992	12 959	1.602	0.035	0.626	0.720
Noticed Anti-Smoking Information at Any Location	0.691	0.014	5189	61 388	2.129	0.020	0.664	0.718
Noticed Health Warning Labels on Cigarette Packages	0.551	0.014	5189	61 388	1.974	0.025	0.524	0.578
Thinking of Quitting Because of Health Warning Labels	0.339	0.025	5189	61 388	1.648	0.074	0.290	0.388
Noticed Any Advertisement, Sponsorship or Promotion	0.650	0.013	5189	61 388	1.959	0.020	0.625	0.676
Belief that Tobacco Smoking Causes Serious Illness	0.932	0.006	5189	61 388	1.822	0.007	0.919	0.944
Belief that Tobacco Smoking Causes Stroke	0.726	0.012	5189	61 388	1.871	0.016	0.703	0.749
Belief that Tobacco Smoking Causes Heart Attack	0.755	0.011	5189	61 388	1.831	0.014	0.733	0.776
Belief that Tobacco Smoking Causes Lung Cancer	0.935	0.005	5189	61 388	1.593	0.006	0.925	0.946
Belief that Smokeless Tobacco Causes Serious Illness	0.473	0.016	5189	61 388	2.253	0.033	0.442	0.504
Belief that SHS Causes Serious Illness in Non-Smokers	0.870	0.009	5189	61 388	1.830	0.010	0.854	0.887
Number of Cigarettes Smoked per Day (by daily smokers)	12.649	0.004	786	9982	1.977	0.035	11.791	13.508
Time since Quitting Smoking (in years)	10.544	0.013	173	2304	1.674	0.119	8.082	13.005
Monthly Expenditures on Manufactured Cigarettes	473.304	0.381	954	12 434	1.441	0.080	398.639	547.969
Age at Daily Smoking Initiation	19.885	0.003	1021	13 303	1.728	0.014	19.347	20.422

Table B.5: Sampling Errors — Urban Sample, GATS Russian Federation 2009.

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.405	0.009	5989	83 651	1.396	0.022	0.388	0.422
Current Tobacco Smokers	0.402	0.009	5989	83 651	1.369	0.022	0.385	0.419
Current Smokeless Tobacco Users	0.007	0.002	5989	83 651	1.441	0.226	0.004	0.01
Current Manufactured Cigarette Smokers	0.396	0.009	5989	83 651	1.367	0.022	0.379	0.413
Daily Tobacco Smoker	0.346	0.008	5989	83 651	1.330	0.024	0.330	0.362
Daily Manufactured Cigarette Smokers	0.342	0.008	5989	83 651	1.316	0.024	0.326	0.358
Former Daily Tobacco Smokers Among All Adults	0.084	0.005	5989	83 651	1.295	0.055	0.075	0.093
Former Tobacco Smokers Among Ever Daily Smokers	0.184	0.009	2975	37 960	1.312	0.051	0.166	0.203
Time to First Tobacco use within 5 minutes of waking	0.210	0.013	2283	28 901	1.474	0.060	0.185	0.235
Time to First Tobacco use within 6–30 minutes of waking	0.360	0.013	2283	28 901	1.263	0.035	0.335	0.385
Smoking Quit Attempt in the Past 12 Months	0.319	0.012	2685	34 836	1.344	0.038	0.296	0.343
Health Care Provider Asked about Smoking	0.458	0.018	1466	19 435	1.404	0.040	0.422	0.494
Health Care Provider Advised Quitting Smoking	0.316	0.018	1466	19 435	1.456	0.056	0.282	0.351
Use of Pharmacotherapy for Smoking Cessation	0.203	0.019	839	11 127	1.395	0.095	0.165	0.241
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.031	0.006	839	11 127	1.040	0.200	0.019	0.043
Planning to quit, thinking about quitting, or will quit smoking	0.611	0.015	2590	33 601	1.606	0.025	0.581	0.642
Exposure to SHS at Home	0.359	0.011	5989	83 651	1.815	0.031	0.337	0.381
Exposure to SHS at Work	0.359	0.016	3547	49 740	1.929	0.043	0.329	0.39
Exposure to SHS in Government Buildings/Offices	0.104	0.007	5989	83 651	1.787	0.068	0.090	0.118
Exposure to SHS in Health Care Facilities	0.043	0.005	5989	83 651	1.828	0.112	0.034	0.052
Exposure to SHS in Restaurants	0.147	0.010	5989	83 651	2.237	0.070	0.127	0.167
Exposure to SHS on Public Transportation	0.191	0.012	5989	83 651	2.358	0.063	0.167	0.214
Exposure to SHS in Schools, College or University	0.057	0.005	5989	83 651	1.620	0.085	0.048	0.067
Last cigarette purchase in store	0.623	0.017	2527	32 804	1.802	0.028	0.588	0.657
Noticed Anti-Smoking Information at Any Location	0.704	0.016	5989	83 651	2.630	0.022	0.673	0.734
Noticed Health Warning Labels on Cigarette Packages	0.646	0.013	5989	83 651	2.106	0.020	0.620	0.671
Thinking of Quitting Because of Health Warning Labels	0.317	0.019	5989	83 651	1.965	0.058	0.281	0.354
Noticed Any Advertisement, Sponsorship or Promotion	0.724	0.013	5989	83 651	2.294	0.018	0.698	0.75
Belief that Tobacco Smoking Causes Serious Illness	0.902	0.008	5989	83 651	1.975	0.008	0.887	0.917
Belief that Tobacco Smoking Causes Stroke	0.663	0.012	5989	83 651	1.999	0.018	0.639	0.687
Belief that Tobacco Smoking Causes Heart Attack	0.707	0.012	5989	83 651	2.052	0.017	0.684	0.731
Belief that Tobacco Smoking Causes Lung Cancer	0.908	0.006	5989	83 651	1.689	0.007	0.896	0.92
Belief that Smokeless Tobacco Causes Serious Illness	0.414	0.017	5989	83 651	2.740	0.042	0.380	0.448
Belief that SHS Causes Serious Illness in Non-Smokers	0.811	0.010	5989	83 651	2.012	0.013	0.791	0.831
Number of Cigarettes Smoked per Day (by daily smokers)	16.479	0.003	2283	28 917	1.888	0.020	15.834	17.124
Time since Quitting Smoking (in years)	11.695	0.007	561	7001	1.562	0.056	10.402	12.988
Monthly Expenditures on Manufactured Cigarettes	590.665	0.253	2469	31 920	1.432	0.043	541.158	640.172
Age at Daily Smoking Initiation	18.179	0.001	2907	37 241	1.744	0.007	17.916	18.442

Table B.6: Sampling Errors — Rural Sample, GATS Russian Federation 2009.

Indicator	Estimate (R)	Standard Error (SE)	Number of respondents		Design Effect (DEFT)	Relative Error (SE/R)	Confidence limits	
			Un-weighted (N)	Weighted (000s) (WN)			Lower Limit (R-1.96SE)	Upper Limit (R+1.96SE)
Current Tobacco Users	0.361	0.009	5417	28 585	1.442	0.026	0.342	0.379
Current Tobacco Smokers	0.359	0.009	5417	28 585	1.451	0.026	0.340	0.378
Current Smokeless Tobacco Users	0.003	0.001	5417	28 585	1.428	0.348	0.001	0.005
Current Manufactured Cigarette Smokers	0.355	0.009	5417	28 585	1.442	0.026	0.337	0.374
Daily Tobacco Smoker	0.316	0.009	5417	28 585	1.401	0.028	0.298	0.333
Daily Manufactured Cigarette Smokers	0.312	0.009	5417	28 585	1.403	0.028	0.295	0.329
Former Daily Tobacco Smokers Among All Adults	0.072	0.004	5417	28 585	1.212	0.059	0.064	0.080
Former Tobacco Smokers Among Ever Daily Smokers	0.179	0.010	2558	11 490	1.301	0.055	0.160	0.199
Time to First Tobacco use within 5 minutes of waking	0.253	0.014	1991	9038	1.458	0.056	0.225	0.281
Time to First Tobacco use within 6–30 minutes of waking	0.401	0.015	1991	9038	1.379	0.038	0.371	0.430
Smoking Quit Attempt in the Past 12 Months	0.325	0.014	2287	10 613	1.379	0.042	0.298	0.351
Health Care Provider Asked about Smoking	0.440	0.023	1160	5380	1.564	0.052	0.395	0.485
Health Care Provider Advised Quitting Smoking	0.323	0.021	1160	5380	1.527	0.065	0.282	0.364
Use of Pharmacotherapy for Smoking Cessation	0.192	0.019	737	3438	1.312	0.099	0.155	0.229
Use of Counseling/Advice or Quit Lines for Smoking Cessation	0.046	0.009	737	3438	1.197	0.201	0.028	0.064
Planning to quit, thinking about quitting, or will quit smoking	0.577	0.015	2211	10 241	1.439	0.026	0.547	0.606
Exposure to SHS at Home	0.311	0.014	5417	28 585	2.205	0.045	0.284	0.338
Exposure to SHS at Work	0.310	0.016	2478	13 137	1.751	0.052	0.279	0.342
Exposure to SHS in Government Buildings/Offices	0.069	0.006	5417	28 585	1.622	0.081	0.058	0.080
Exposure to SHS in Health Care Facilities	0.034	0.004	5417	28 585	1.753	0.127	0.025	0.042
Exposure to SHS in Restaurants	0.047	0.005	5417	28 585	1.625	0.099	0.038	0.056
Exposure to SHS on Public Transportation	0.151	0.010	5417	28 585	2.138	0.069	0.130	0.171
Exposure to SHS in Schools, College or University	0.032	0.004	5417	28 585	1.587	0.118	0.025	0.040
Last cigarette purchase in store	0.817	0.015	2164	10 009	1.841	0.019	0.787	0.847
Noticed Anti-Smoking Information at Any Location	0.614	0.016	5417	28 585	2.435	0.026	0.582	0.645
Noticed Health Warning Labels on Cigarette Packages	0.634	0.014	5417	28 585	2.076	0.021	0.607	0.660
Thinking of Quitting Because of Health Warning Labels	0.399	0.020	5417	28 585	1.908	0.051	0.359	0.438
Noticed Any Advertisement, Sponsorship or Promotion	0.553	0.018	5417	28 585	2.623	0.032	0.518	0.588
Belief that Tobacco Smoking Causes Serious Illness	0.928	0.006	5417	28 585	1.823	0.007	0.915	0.940
Belief that Tobacco Smoking Causes Stroke	0.701	0.013	5417	28 585	2.131	0.019	0.675	0.727
Belief that Tobacco Smoking Causes Heart Attack	0.719	0.013	5417	28 585	2.144	0.018	0.693	0.745
Belief that Tobacco Smoking Causes Lung Cancer	0.925	0.006	5417	28 585	1.712	0.007	0.913	0.937
Belief that Smokeless Tobacco Causes Serious Illness	0.478	0.018	5417	28 585	2.721	0.039	0.441	0.514
Belief that SHS Causes Serious Illness in Non-Smokers	0.843	0.011	5417	28 585	2.137	0.013	0.823	0.864
Number of Cigarettes Smoked per Day (by daily smokers)	18.258	0.003	1989	9020	1.105	0.019	17.586	18.931
Time since Quitting Smoking (in years)	11.777	0.007	486	2062	0.912	0.060	10.401	13.152
Monthly Expenditures on Manufactured Cigarettes	491.473	0.261	2113	9687	0.915	0.053	440.323	542.622
Age at Daily Smoking Initiation	17.792	0.001	2496	11 197	0.927	0.008	17.528	18.056

Appendix C: Glossary of Terms

Questionnaire and Indicator Terminology	
Beliefs about the dangers of tobacco smoking	Respondents who believe that tobacco smoking causes serious illness and specific diseases, i.e., stroke, heart attack, lung cancer, bronchitis and stomach ulcers.
Current smokeless tobacco user	Person who currently uses any smokeless tobacco product, either daily or occasionally.
Current tobacco smoker	Person who currently smokes any tobacco product, either daily or occasionally.
Daily smoker	Person who currently smokes any tobacco product every day.
Daily smokeless tobacco user	Person who currently uses any smokeless tobacco product every day.
Ever daily smoker	Person may or may not be a current smoker. Includes persons that are 'current daily smokers', 'current occasional smokers, formerly daily' or 'current non-smokers, formerly daily smokers'
Exposure to anti-tobacco information	Respondents who have noticed any information about the dangers of cigarettes or non-smoking tobacco, or that encourages quitting of these tobacco products, in the last 30 days, in the areas of interest: newspapers/ magazines, television, radio, billboards, public transportation, stores and/ or elsewhere.
Exposure to secondhand smoke at home	Indicates percentage of respondents who reported someone smoking inside his/her home (daily, weekly or monthly), in the past 30 days. This does not include areas outside such as patios, balcony, garden, etc. that are not fully enclosed.
Exposure to secondhand smoke in public places	Indicates percentage of respondents who reported someone smoking inside the public places of interest, in the past 30 days: Government Buildings: Covering indoor areas which are non-smoking areas by the national smoke free laws. Health Care Facilities: Covering indoor areas of both public and private health care facilities which are non-smoking areas by the national smoke free laws. Restaurants: Covering food and/ or beverage selling place inside the building, not including place in front of any building and wayside. Public Transportation: All public transport with both air conditioner and non air conditioner.
Exposure to secondhand smoke at the workplace	Indicates percentage of respondents who reported someone smoking at work inside, in the past 30 days. This is among those respondents who work outside of the home or who usually work indoors or both indoors and outdoors.
Exposure to tobacco advertisement, sponsorship and promotion	Respondents who have noticed any advertisement or signs promoting cigarettes or non-smoking tobacco, in the last 30 days, in the areas of interest: stores where the products are sold, television, radio, billboards, newspapers/magazines, internet and/or elsewhere. Respondents who have noticed any sport or sporting event associated with either cigarette brands/companies or non-smoking brands/companies. Respondents who noticed any free samples of either cigarettes or non-smoking tobacco, or clothing/other items with a brand name or logo of either cigarettes or non-smoking tobacco.
Former daily smoker	Person is currently a non-smoker but had previously smoked daily over a period of one month or more.
Former daily smokeless tobacco user	Person does not currently use smokeless tobacco but had previously used smokeless products daily over a period of one month or more.
Healthcare Provider (HCP)	Healthcare providers include various health professions such as medical doctors, nurses, pharmacist, health professionals, etc.
Interest in quitting smokeless tobacco use	Current smokeless tobacco users who are planning or thinking about quitting smokeless tobacco use within the next month, 12 months, or someday.
Interest in quitting smoking	Current tobacco smokers who are planning or thinking about quitting smoking within the next month, 12 months, or someday.
Non-medication therapy	Includes acupuncture or reflexology.
Non-smoker	Person currently does not smoke at all.
Non-user of smokeless tobacco	Person currently does not use smokeless tobacco at all.
Occasional smoker	Person who currently smokes less than daily.

Appendix C: Glossary of Terms

Occasional smokeless tobacco user	Person who currently uses a smokeless tobacco product less than daily.
Papirosy	Cardboard tube-tipped cigarettes.
Pharmacotherapy	Nicotine replacement therapy (NRT) or Prescription medication (such as Champix).
Psychotherapy	Coding or hypnosis.
Public places	Includes government buildings, healthcare facilities, restaurants, bars/night clubs, cafes/cafeterias, public transportation, schools, colleges/universities and private workplaces
Quit attempt	Current tobacco smokers and smokeless tobacco users who tried to quit during the past 12 months and former tobacco smokers and smokeless tobacco users who have been abstinent for < 12 months.
Quit ratio (among daily smokers)	Indicates how many 'ever daily smokers' were able to successfully quit ('former daily smoker' / 'ever daily smoker')
Secondhand smoke (SHS)	Inhalation of smoke from tobacco products used by others.
Smokeless tobacco use status	Classified into three categories: 1) 'Current/Daily smokeless user' means the person uses at least one smokeless tobacco product every day, over a period of one month or more. 2) 'Current/Occasional smokeless user' means the person uses smokeless tobacco products less than daily (either formerly daily or never daily). 3) 'Non-smokeless tobacco user' means the person currently does not use smokeless tobacco at all. This includes 'Former daily user' and 'Never daily user'.
Smoking status / Smoking frequency	Classified into three categories: 1) 'Current/Daily smoker' means the person currently smokes at least one tobacco product every day, over a period of one month or more. 2) 'Current/Occasional smoker' means the person currently smokes less than daily (either formerly daily or never daily). 3) 'Non-smoker' means the person currently does not smoke at all. This includes 'Former daily smoker' (currently a non-smoker but had previously smoker daily) and 'Never daily smoker' (currently a non-smoker and has never smoked daily, but instead occasionally or never smoker).
Tobacco Products	Two types of tobacco products: 1) Smoked tobacco includes: manufactured cigarettes, hand-rolled cigarettes, pipes full of tobacco, cigars/cheroots/cigarillos, cardboard tube-tipped cigarettes (papirosy), calean, and any other reported smoked tobacco products. 2) Smokeless tobacco includes: snus (oral tobacco), snuffing tobacco (for nasal use), chewing tobacco (oral tobacco for chewing), and any other reported smokeless tobacco products.

Appendix D: Technical and Survey Staff

Research and Technical Team Members of Implementing Agencies

Pulmonary Research Institute, Federal Medico-biological Agency

- Prof. Chuchalin Alexander, MD, Ph.D., Academician of the Russian Academy of Medical Sciences, Director of the Pulmonology Research Institute of Medico-Biological Agency of Russia, The Head of Therapeutics of Russia
- Prof. Sakharova Galina, MD, Ph.D, Deputy-Director of the Tobacco Control of the Pulmonology Research Institute
- Dr. Antonov Nikolay, MD, Ph.D, Deputy-Director of the Pulmonology Research Institute

Information and Publishing Centre “Statistics of Russia”

- Mr. Nesterov Vadim, Director, Lead on GATS Data Collection in RF
- Ms. Chernisheva Tamara, GATS Sample Design Specialist
- Ms. Konik Tatiana, Head, Division of Information Service, Co-lead on GATS Data Collection in RF
- Ms. Gordienko Elena, Research Officer
- Ms. Gavrilova Elena, Research Officer
- Mr. Maslyanenko Andrey, Translator
- Mr. Ivanov Eugeniy, IT Support

- Mr. Trenzelev Sergey, IT Support
- Ms. Arhipova Tamara, Financial Officer

Ministry of Health and Social Development of the Russian Federation

- Dr. Shevireva Marina, Head of the Department of Health Protection and Sanitary-Epidemiological Wellbeing, MoHSD

World Health Organization

- Dr. Luigi Migliorini, Head of WHO Office in the Russian Federation
- Dr. Oleg N. Storozhenko, MD, PhD, National Surveillance Officer, WHO Office in the Russian Federation
- Mr Sameer Pujari, Data Manager, WHO/HQ, Geneva

US Centers for Disease Control and Prevention (CDC)

- Dr. Krishna Mohan Palipudi, Senior Survey Statistician, CDC Focal Point
- Mr. Jeremy Morton, Senior Survey Methodologist
- Dr. Linda Andes, Statistician
- Ms. Glenda Blutcher-Nelson, Statistician

List of Field Supervisors and Interviewers by Regions recruited by "Statistics of Russia":

Name of interviewer	Sex	Function
1. Belgorod region		
Mospan S. I.	female	instructor
Vilkhovaya R. V.	female	interviewer
Matushchenko S. V.	female	interviewer
Golovanev V. V.	male	interviewer
Magarevskaya G. I.	female	interviewer
Borisova N. E.	female	interviewer
Kozminskaya T. E.	female	interviewer
Slyusareva I. I.	female	interviewer
Buvalko D. L.	male	interviewer
2. Bryansk region		
Bystrova T. Yu.	female	instructor
Bugaev V. N.	male	interviewer
Goncharova E. A.	female	interviewer
Chevychelov I. E.	male	interviewer
Smirnova T. A.	female	interviewer
Goncharova D. M.	female	interviewer
Borisenkova G. E.	female	interviewer
Adamovich V. N.	male	interviewer
3. Vladimir region		
Kochetova N. E.	female	instructor
Mokina G. V.	female	interviewer
Kroshkina O. A.	female	interviewer
Mil'shina E. N.	female	interviewer
Konstantinova I. G.	female	interviewer
Vasil'eva M. R.	female	interviewer
Paushkina L. A.	female	interviewer
4. Voronezh region		
Tsitsilina E. B.	female	instructor
Novikova T. V.	female	interviewer
Gubina T. A.	female	interviewer
Molchanov V. D.	male	interviewer
Ermolaeva V. P.	female	interviewer
Dimitrenko D. E.	male	interviewer
Manaeva I. V.	female	interviewer
Bobrovskaya N. V.	female	interviewer
Kondaurov A. A.	male	interviewer
Sharapov D. V.	male	interviewer

Name of interviewer	Sex	Function
5. Ivanovo region		
Mishagina O. V.	female	instructor
Petrachkova N. B.	female	interviewer
Maslova V. A.	female	interviewer
Kokurina I. V.	female	interviewer
Il'ina M. A.	female	interviewer
Chistova T. A.	female	interviewer
Malyugina M. V.	female	interviewer
Noskova L. A.	female	interviewer
6. Kaluga region		
Petrushina I. Yu.	female	instructor
Kuznetsova S. A.	female	interviewer
Chubarova E. N.	female	interviewer
Zubakova L. N.	female	interviewer
Pilyaeva N. E.	female	interviewer
Vasil'ev A. I.	male	interviewer
7. Kostroma region		
Vinokurova L. A.	female	instructor
Travina O. N.	female	interviewer
Baturina V. B.	female	interviewer
Sharashkina A. V.	female	interviewer
Myagkov E. A.	male	interviewer
Kurilova N. N.	female	interviewer
Chihalova G. S.	female	interviewer
8. Kursk region		
Sinyaya I. V.	female	instructor
Ivanykina V. A.	female	interviewer
Dunaeva L. V.	female	interviewer
Ginzburg Yu. V.	male	interviewer
Zvyagin A. N.	male	interviewer
Mishin V. A.	male	interviewer
9. Lipetsk region		
Hor'yakova L. B.	female	instructor
Napol'skih E. A.	female	interviewer
Ovsyannikova V. V.	female	interviewer
Myzdrikova R. V.	female	interviewer
Napol'skih A. T.	male	interviewer

Name of interviewer	Sex	Function
10. Moscow region		
Maksimov P. N.	male	instructor
Chaika N. F.	female	instructor
Proshina N. A.	female	interviewer
Kirlyukova S. A.	female	interviewer
Yurtaeva T. A.	female	interviewer
Firsova O. V.	female	interviewer
Andriyanova G. P.	female	interviewer
Surkova S. V.	female	interviewer
Komarova E. V.	female	interviewer
Veselova O. N.	female	interviewer
Shershneva I. A.	female	interviewer
Rabotkina A. A.	female	interviewer
Maksenkova G. V.	female	interviewer
Nikolaeva A. A.	female	interviewer
11. Orel region		
Gusarova T. I.	female	instructor
Kalmykova E. I.	female	interviewer
Romanova N. M.	female	interviewer
Malyarova M. I.	female	interviewer
Shepilova O. G.	female	interviewer
Vashanova N. M.	female	interviewer
12. Ryazan region		
Evtelova N. A.	female	instructor
Papushina O. V.	female	interviewer
Zhizhova M. V.	female	interviewer
Tsukanova Yu. N.	female	interviewer
Sokolova N. V.	female	interviewer
Guseva E. A.	female	interviewer
Ermachenko I. M.	female	interviewer
Zaharova L. A.	female	interviewer
Diseva M. A.	female	interviewer
13. Smolensk region		
Chernomaz B. M.	male	instructor
Makarenkova A. V.	female	interviewer
Golubiyh T. V.	female	interviewer
Semochkina S. I.	female	interviewer
Kashinova A. M.	female	interviewer
Latysheva O. A.	female	interviewer
Kacherova N. Yu.	female	interviewer
14. Tambov region		
Nikitina V. N.	female	instructor

Name of interviewer	Sex	Function
Pashigoreva L. N.	female	interviewer
Gruzdeva V. V.	female	interviewer
Shubina V. V.	female	interviewer
Kurilova S. V.	female	interviewer
Druzhinina T. A.	female	interviewer
15. Tver region		
Malinina T. N.	female	instructor
Smirnova V. D.	female	interviewer
Mogila L. P.	female	interviewer
Grebneva E. G.	female	interviewer
Belyanina A. G.	female	interviewer
Badrova S. N.	female	interviewer
Boitsova T. I.	female	interviewer
Boitsova T. I.	female	interviewer
Chistyakova N. A.	female	interviewer
Blinova I. Yu.	female	interviewer
16. Tula region		
Agapova E. V.	female	instructor
Belobragin N. A.	male	interviewer
Hrustaleva D. I.	female	interviewer
Boklagova R. V.	female	interviewer
Komissarova T. P.	female	interviewer
Sergeitseva M. V.	female	interviewer
Makarova T. L.	female	interviewer
Lavruhin G. F.	male	interviewer
17. Yaroslavl region		
Rogacheva E. A.	female	instructor
Antonova E. N.	female	interviewer
Kiseleva E. V.	female	interviewer
Rauh O. V.	female	interviewer
Scherbakova G. A.	female	interviewer
Moleva T. A.	female	interviewer
Rodina O. V.	female	interviewer
Belov I. V.	male	interviewer
18. Republic of Komi		
Nemalova E. V.	female	instructor
Sergeeva N. S.	female	interviewer
Motorina E. A.	female	interviewer
Nagornyyuk T. I.	female	interviewer
Pavlovskaya G. N.	female	interviewer
Podol'skih N. A.	female	interviewer
Deryabova V. A.	female	interviewer

Appendix D: Technical and Survey Staff

Name of interviewer	Sex	Function
19.Arkhangel'sk region		
Vizzhachaya I. M.	female	instructor
Timofeeva E. A.	female	interviewer
Semenov A. P.	male	interviewer
Kuznetsova L. F.	female	interviewer
Sul'dyaikina A. V.	female	interviewer
Lazarev A. V.	male	interviewer
20.Vologda region		
Voronina T. G.	female	instructor
Vostokova N. I.	female	interviewer
Aksenova M. V.	female	interviewer
Mahova S. A.	female	interviewer
Kuptsova E. V.	female	interviewer
Chistyakov A. A.	male	interviewer
21.Kaliningrad region		
Eremina L. E.	female	instructor
Reshetnikova A. A.	female	interviewer
Zabrodina A. S.	female	interviewer
Ben'ko T. N.	female	interviewer
Yankova O. V.	female	interviewer
Pis'mennaya E. V.	female	interviewer
22.Leningrad region		
Perekrest I. V.	male	instructor
Guseva L.B	female	instructor
Martynets V. A.	female	interviewer
Rudnya N. N.	female	interviewer
Zhepko T. N.	female	interviewer
Vagina E. V.	female	interviewer
Markova R. I.	female	interviewer
Kulagina E. I.	female	interviewer
Radyushkina N. M.	female	interviewer
Drunin V. F.	male	interviewer
Mel'ko S. A.	female	interviewer
Malysheva E. V.	female	interviewer
23.Saint-Petersburg		
Shpakova N. V.	female	instructor
Chernyh S. V.	female	instructor
Unt A. O.	male	interviewer
Samarina A. S.	female	interviewer
Grinberg M. F.	female	interviewer
Durnikova A. G.	female	interviewer
Labina E. S.	female	interviewer
Allyanova V. G.	female	interviewer

Name of interviewer	Sex	Function
Aleksandrova V. V.	female	interviewer
24.Pskov region		
Magdalaeva L. M.	female	instructor
Nifanova A. N.	female	interviewer
Arhipova E. P.	female	interviewer
Zhilin A. I.	male	interviewer
Yudenkova S. A.	female	interviewer
Ekimova N.Yu.	female	interviewer
25.Republic of Dagestan		
Sagidova L. B.	female	instructor
Sagidova V.Yu.	female	interviewer
Muhamedova B. Z.	female	interviewer
Zakunova R.Sh.	female	interviewer
Gadzhieva S. A.	female	interviewer
Liholetova I. N.	female	interviewer
Gadzhieva Zh.M.	female	interviewer
Sagitova A. A.	female	interviewer
26.Republic of Kabardino-Balkaria		
Zemlyakova A. A.	female	instructor
Bondar' I. H.	male	interviewer
Dbolatova S. K.	female	interviewer
Sytkova A. G.	female	interviewer
Pavlovskaya S. A.	female	interviewer
Shogenova A. A.	female	interviewer
27.Krasnodarsk region		
Kotelevskaya E. V.	female	instructor
Emtyl H. S.	female	instructor
Kislyi N. V.	male	interviewer
Poseva N. A.	female	interviewer
Svergun I. V.	female	interviewer
Pavlova S. A.	female	interviewer
Parunova E. V.	female	interviewer
Dmitrienko M. A.	female	interviewer
Martynova E. A.	female	interviewer
Kotova A. V.	female	interviewer
Ponomareva S. A.	female	interviewer
Vinokurova T. S.	female	interviewer
Klevtsova E. V.	female	interviewer
28.Stavropol territory		
Prihod'ko M. A.	female	instructor
Nefedova O. A.	female	interviewer

Name of interviewer	Sex	Function
Vazhnik V. A.	male	interviewer
Solodkaya A. V.	female	interviewer
Zabolotskaya V. V.	female	interviewer
Lyubetskii N. A.	male	interviewer
Svirenkova E. V.	female	interviewer
Korobeinikov A. S.	male	interviewer
29. Volgograd region		
Viktorenko E. G.	female	instructor
Eremina G. N.	female	instructor
Sugak N. S.	female	interviewer
Mihaleva M. V.	female	interviewer
Fomina N. V.	female	interviewer
Lysyakova L. I.	female	interviewer
Zykova N. M.	female	interviewer
Krayushkina O. V.	female	interviewer
Zimina G. A.	female	interviewer
Kolesnikova O. A.	female	interviewer
Shahbanova N. Z.	female	interviewer
Sharipova A. R.	female	interviewer
Pozharova O. Yu.	female	interviewer
30. Rostov region		
Krasnova A. M.	female	instructor
Belichenko V. N.	female	instructor
Bezlyudskaya O. B.	female	interviewer
Luschik N. N.	female	interviewer
Den'shikova S. V.	female	interviewer
Belogolovskaya S. V.	female	interviewer
Mezentseva G. V.	female	interviewer
Marchenko V. I.	female	interviewer
Lichkovaha A. S.	male	interviewer
Kryzhanova L. A.	female	interviewer
Asatryan E. E.	male	interviewer
Galanova O. V.	female	interviewer
31. Republic of Bashkortostan		
Mavlyutova L. I.	female	instructor
Tupikova V. A.	female	instructor
Garafeeva A. A.	female	interviewer
Chanyshhev R. V.	male	interviewer
Rimsha E. A.	female	interviewer
Kupriyanova O. V.	female	interviewer
Halfina E. N.	female	interviewer
Gataullina R. Z.	female	interviewer
Bobrova V. S.	female	interviewer
Hakimova R. R.	female	interviewer

Name of interviewer	Sex	Function
Teplova A. F.	female	interviewer
Saetova A. F.	female	interviewer
Zabirova G. M.	female	interviewer
Shustova A. R.	female	interviewer
Sagatdinova F. D.	female	interviewer
32. Astrakhan region		
Morgunova I. A.	female	instructor
Vorotyntseva V. V.	female	interviewer
Levina G. P.	female	interviewer
Marfin N. A.	male	interviewer
Kargina S. P.	female	interviewer
Mushkaterov A. A.	male	interviewer
33. Republic of Mordovia		
Otahonova I. A.	female	instructor
Vasyagina O. P.	female	interviewer
Bulycheva E. M.	female	interviewer
Osipova N. M.	female	interviewer
Ivantsova L. V.	female	interviewer
Esyakova I. A.	female	interviewer
Kozlyakova L. A.	female	interviewer
Yurtaikin N. I.	male	interviewer
Karimova E. F.	female	interviewer
34. Republic of Tatarstan		
Bashkirova T. S.	female	instructor
Akhmetshina V. R.	female	instructor
Malova S. N.	female	interviewer
Pogulyai E. V.	female	interviewer
Kochneva M. A.	female	interviewer
Golikova S. A.	female	interviewer
Latypova Zh. L.	female	interviewer
Legoshin P. P.	male	interviewer
Dryahlova L. B.	female	interviewer
Galyauf E. A.	female	interviewer
Sotnikova M. F.	female	interviewer
Barsukova L. N.	female	interviewer
35. Republic of Udmurtia		
Sushkova L. Ya.	female	instructor
Shklyayeva G. V.	female	interviewer
Shestakova O. B.	female	interviewer
Plaksina T. V.	female	interviewer
Korovina L. S.	female	interviewer
Troyan N. V.	female	interviewer

Appendix D: Technical and Survey Staff

Name of interviewer	Sex	Function
36. Republic of Chuvashia		
Konstantinova I. N.	female	instructor
Konstantinova I. N.	female	interviewer
Romanova I. V.	female	interviewer
Aleksandrova E. N.	female	interviewer
Kalashnikova E. V.	female	interviewer
Nikolaeva M. A.	female	interviewer
Prokop'eva O. G.	female	interviewer
Prokop'eva Z. N.	female	interviewer
Denisova E. N.	female	interviewer
37. Kirov region		
Gradoboeva G. A.	female	instructor
Vichina L. N.	female	interviewer
Permyakova G. P.	female	interviewer
Baulina E. V.	female	interviewer
Sizova O. V.	female	interviewer
Kuklina T. G.	female	interviewer
Krotova E. V.	female	interviewer
38. Nizhny Novgorod region		
Andrianova N. A.	female	instructor
Polyakova N. P.	female	instructor
Sosnova S. V.	female	interviewer
Bazhmin A. V.	male	interviewer
Glinkina G. V.	female	interviewer
Limonnikova T. N.	female	interviewer
Buyarova E. N.	female	interviewer
Hahina M. S.	female	interviewer
Semkin A. P.	male	interviewer
Strubalina N. Yu.	female	interviewer
39. Orenburg region		
Murtazina Ya. A.	female	instructor
Razhaeva E. V.	female	interviewer
Zotova L. N.	female	interviewer
Tarasevich E. P.	male	interviewer
Sgibneva S. Yu.	female	interviewer
Konusova A. S.	female	interviewer
40. Penza region		
Titova L. B.	female	instructor
Filippenko G. P.	male	interviewer
Toneeva S. E.	female	interviewer
Zemskova V. N.	female	interviewer
Nikulina A. S.	female	interviewer
Medvedeva O. B.	female	interviewer

Name of interviewer	Sex	Function
41. Perm territory		
Vihareva M. V.	female	instructor
Nesmelova L. V.	female	instructor
Dobrynina E. A.	female	interviewer
Taksir E. S.	female	interviewer
Krayushkina T. V.	female	interviewer
Makarova T. A.	female	interviewer
Sobakin A. V.	male	interviewer
Nefodova E. R.	female	interviewer
Doronina N. G.	female	interviewer
Kolomytseva A. N.	female	interviewer
Starkova S. V.	female	interviewer
Denisova A. Yu.	female	interviewer
42. Samara region		
Galochkina T. A.	female	instructor
Plotnikova L. S.	female	instructor
Kopeikina T. B.	female	interviewer
Trunina E. V.	female	interviewer
Hairetdinova G. R.	female	interviewer
Antonova O. A.	female	interviewer
Ivanova T. A.	female	interviewer
Luk'yanova L. V.	female	interviewer
Andreeva N. V.	female	interviewer
Beloglazov R. V.	male	interviewer
Frolova E. P.	female	interviewer
43. Saratov region		
Volkodav T. V.	female	instructor
Karazeeva V. V.	female	instructor
Novikova N. B.	female	interviewer
Kurochkina S. N.	female	interviewer
Kameneva R. F.	female	interviewer
Kovalenko T. I.	female	interviewer
Varakina O. N.	female	interviewer
Kalinina N. A.	female	interviewer
Nelyubova N. V.	female	interviewer
Verevkina O. D.	female	interviewer
Mushnikova S. A.	female	interviewer
44. Ulyanovsk region		
Kolesnikova V. I.	female	instructor
Konovalova L. V.	female	interviewer
Merzlyakova E. S.	female	interviewer
Faizullina N. S.	female	interviewer
Povarova T. V.	female	interviewer

Name of interviewer	Sex	Function
Segunina T. N.	female	interviewer
45. Kurgan region		
Kuzevanova A. I.	female	instructor
Smirnova Yu. V.	female	interviewer
Suvorova N. V.	female	interviewer
Klement'eva L. P.	female	interviewer
Volgin A. A.	male	interviewer
Vikulina N. K.	female	interviewer
Zhbankov S. Yu.	male	interviewer
Buhtoyarova O. V.	female	interviewer
46. Sverdlovsk region		
Aganina G. A.	female	instructor
Skotnikova G. G.	female	instructor
Brovkina E. A.	female	interviewer
Osipova S. K.	female	interviewer
Chibuk M. V.	female	interviewer
Aver'yanova L. P.	female	interviewer
Leonova I. G.	female	interviewer
Nesterova G. P.	female	interviewer
Kochurova A. G.	female	interviewer
Neustroeva L. A.	female	interviewer
Averchenkova A. V.	female	interviewer
Dobrinskii A. O.	male	interviewer
Kametova O. P.	female	interviewer
Efimtseva I. B.	female	interviewer
Belyakova T. N.	female	interviewer
Gluhih E. N.	female	interviewer
47. Tumen region		
Ivanovets N. V.	female	instructor
Bugaeva L. S.	female	interviewer
Sapozhnikova L. P.	female	interviewer
Kolbysheva E. Yu.	female	interviewer
Pahalkova K. G.	female	interviewer
Gramofonova G. V.	female	interviewer
48. Chelyabinsk region		
Novichkova S. V.	female	instructor
Sevastyanova E. G.	female	instructor
Kovrigina Yu. A.	female	interviewer
Kulikova N. N.	female	interviewer
Kretova P. P.	female	interviewer
Kamnev A. S.	male	interviewer
Novichkova E. V.	female	interviewer
Ahmetzyanova E. O.	female	interviewer

Name of interviewer	Sex	Function
Ivanova N. A.	female	interviewer
Tugul'baeva R. M.	female	interviewer
Maryushina O. S.	female	interviewer
Dzhafarova A. K.	female	interviewer
Maksimova G. V.	female	interviewer
49. Republic of Buryatia		
Harbanova E. F.	female	instructor
Zhudeeva E. V.	female	interviewer
Pinaeva S. F.	female	interviewer
Safronov S. I.	male	interviewer
Antipanova L. N.	female	interviewer
Korobeinikova G. K.	female	interviewer
Badmazhapova T. A.	female	interviewer
Nikolaeva A. N.	female	interviewer
50. Altay territory		
Sushentsova L. I.	female	instructor
Gurskaya G. V.	female	instructor
Saratovkina N. G.	female	interviewer
Zherebyatnikova N. I.	female	interviewer
Zhurova T. N.	female	interviewer
Eremina N. I.	female	interviewer
Tarakanova G. I.	female	interviewer
Lipovik N. S.	female	interviewer
Yakovleva E. G.	female	interviewer
Shemonaeva E. A.	female	interviewer
Ozhogina G. A.	female	interviewer
51. Krasnoyarsk territory		
Andrianova O. N.	female	instructor
Vinnik T. I.	female	instructor
Korotkih T. N.	female	interviewer
Zhigulova I. V.	female	interviewer
Burchakova V. A.	female	interviewer
Shafeeva A. V.	female	interviewer
Sofrankov K. A.	male	interviewer
Glebova A. V.	female	interviewer
Litvinenko N. N.	female	interviewer
Tolmacheva N. A.	female	interviewer
Romanova A. I.	female	interviewer
Savritskaya O. I.	female	interviewer
52. Irkutsk region		
Troyanovskaya E. B.	female	instructor
Pevtsova T. N.	female	interviewer
Geras'kina S. V.	female	interviewer

Appendix D: Technical and Survey Staff

Name of interviewer	Sex	Function
Reshetova M. V.	female	interviewer
Faizulina L. S.	female	interviewer
Terehova M. V.	female	interviewer
Bidenko R. N.	female	interviewer
Savchenko V. V.	female	interviewer
Chenhot'yan N. V.	female	interviewer
53.Kemerovo region		
Smol'kov O. N.	male	instructor
Chigarev V. I.	male	instructor
Poleschenko T. V.	female	interviewer
Tantsyeva S. B.	female	interviewer
Shaiduk O. V.	female	interviewer
Ovchinnikova E. S.	female	interviewer
Penkina E. V.	female	interviewer
Maksimova L. A.	female	interviewer
Sapunova S.Yu.	female	interviewer
Eremenko M.Yu.	female	interviewer
Murasheva T. A.	female	interviewer
54.Novosibirsk region		
Geringer M. G.	female	instructor
Kosheleva O. L.	female	instructor
Semenova L. M.	female	interviewer
Isakova L. M.	female	interviewer
Schipanova M. S.	female	interviewer
Kondrat'ev D. V.	female	interviewer
Chichkova E. V.	female	interviewer
Bazanova A. S.	female	interviewer
Beznosova T. S.	female	interviewer
Kryzhanovskaya T. G.	female	interviewer
Shidman M. V.	female	interviewer
55.Omsk region		
Kiryuschenko N. N.	female	instructor
Dzuttseva I. N.	female	interviewer
Smirnova R. A.	female	interviewer
Ladygina O. N.	female	interviewer
Kiseleva L. T.	female	interviewer
Morozova S. A.	female	interviewer
56.Tomsk region		
Rubanova O. V.	female	instructor
Bets T. P.	female	interviewer
Smirnova N. P.	female	interviewer
Popova N. G.	female	interviewer
Shipulya V. L.	male	interviewer

Name of interviewer	Sex	Function
Yavon T.Yu.	female	interviewer
Shpengler A. V.	female	interviewer
57.Zabaikalsk territory		
Yakimova A. V.	female	instructor
Scherbakov S. V.	male	interviewer
Gartman V. V.	male	interviewer
Vodyanitskaya N. A.	female	interviewer
Andrievskaya L. M.	female	interviewer
Miheeva N. S.	female	interviewer
58.Primorsky territory		
Katanovich S. L.	female	instructor
Shamonov E. V.	male	interviewer
Omel'chenko L. V.	female	interviewer
Pushkareva A. V.	female	interviewer
Ternovskaya S. A.	female	interviewer
Barkovskaya N. V.	female	interviewer
Vasil'tsova T. P.	female	interviewer
Semikoz V. A.	female	interviewer
59.Khabarovsk territory		
Pershkova I. V.	female	instructor
Fokanova Yu.A.	female	interviewer
Shaburova D. P.	female	interviewer
Monko V. A.	female	interviewer
Himchenko A. V.	female	interviewer
Pernatskaya T. N.	female	interviewer
Potaenko L. V.	female	interviewer
60.Moscow		
Gavrilova E. M.	female	instructor
Reznikov D	male	instructor
Orlova E.	female	instructor
Knyazev V. V.	male	interviewer
Zykova T. V.	female	interviewer
Vysotskaya V. V.	female	interviewer
Amel'chenkova N. A.	female	interviewer
Petrushova E.	female	interviewer
Soldatova S. V.	female	interviewer
Zhavoronkov S. V.	male	interviewer
Zhuk V. V.	male	interviewer
Titova N. N.	female	interviewer
Ganin R. N.	male	interviewer
Bulygin V.	male	interviewer
Borodina S. V.	female	interviewer
Pashkova O. G.	female	interviewer

Appendix E: Questionnaire
GLOBAL ADULT TOBACCO SURVEY (GATS)
Russian Federation, 2009

Household Questionnaire

THE HOUSEHOLD SCREENING RESPONDENT MUST BE 18 YEARS OF AGE OR OLDER AND YOU MUST BE CONFIDENT THAT THIS PERSON CAN PROVIDE ACCURATE INFORMATION ABOUT ALL MEMBERS OF THE HOUSEHOLD.

IF NEEDED, VERIFY THE AGE OF THE HOUSEHOLD SCREENING RESPONDENT TO MAKE SURE HE/SHE IS 18 YEARS OF AGE OR OLDER.

INTRODUCTORY INFORMATION: An important survey regarding the attitude of adults towards the use of tobacco products is being carried out in the Russian Federation with the sponsorship of the RF Ministry of Health and Social Development. Your household has been selected to participate in the survey. All households have been selected based on scientific sampling. All of the information gathered will be kept strictly confidential. I have a few questions through which we will determine which member of your household should be asked to answer the questions (be a survey respondent).

HH1. First, I would like to ask you a few questions about your household. How many people in total live in your household?

INCLUDE ALL WHO CONSIDER THIS HOUSEHOLD TO BE THEIR PRIMARY RESIDENCE AS OF LAST NIGHT

PEOPLE

HH2. How many among these household members are age 15 or older?

PEOPLE

HH3. How many men/women are there among the members of your household who are age 15 or older?

PEOPLE

IF THE ANSWER TO QUESTION HH3 = 00 (NO MEN/WOMEN IN THE HOUSEHOLD WHO MEET THE SURVEY CRITERIA), END THE SURVEY AND NOTE THE SURVEY END TIME. ENTER RESULT CODE 201.

HH4. Now I would like to get some information about the men/women age 15 or older who live in your household. Please list all men and women by age, beginning from the oldest to the youngest.

ASK THE FOLLOWING QUESTIONS AND ENTER THE ANSWERS INTO THE TABLE BELOW

- What is the man/woman's name?
- How old is he/she? IF THE RESPONDENT DOESN'T KNOW, TRY TO ESTIMATE THE AGE
- IF THE REPORTED AGE IS FROM 15 TO 17, ASK ABOUT THE DATE OF BIRTH: in what month and year was this person born?

Appendix E: Questionnaire GLOBAL ADULT TOBACCO SURVEY (GATS)...

CHECK AND MAKE SURE THAT THE DATE OF BIRTH PRECEDES THE DATE OF THE SURVEY [FILL OUT MONTH/YEAR], IN ORDER TO VERIFY WHETHER THE PERSON HAS ALREADY TURNED 15 OR OLDER. IF YOUNGER THAN 15, CROSS OUT (DELETE) THIS ITEM IN THE TABLE.

IF THE RESPONDENT DOESN'T KNOW THE DATE OF BIRTH, MOVE ONTO ITEM d

d. INDICATE THE GENDER

e. Does this person presently smoke tobacco, including cigarettes, cigars, cigarillos, cardboard tube-tipped cigarettes, smoke pipe, or calean?

MALE RESPONDENT <input type="checkbox"/> 1									
FEMALE RESPONDENT <input type="checkbox"/> 2									
	a. Name	b. Age	ONLY IF AGE = 15–17 c. Date of birth		d. Gender		e. Is he/she presently a smoker?		
			Month:	Year:	M	F	YES	NO	Don't know
1	_____	___	Month: ___	Year: ____	1	2	1	2	7
2	_____	___	Month: ___	Year: ____	1	2	1	2	7
3	_____	___	Month: ___	Year: ____	1	2	1	2	7
4	_____	___	Month: ___	Year: ____	1	2	1	2	7
5	_____	___	Month: ___	Year: ____	1	2	1	2	7
6	_____	___	Month: ___	Year: ____	1	2	1	2	7
7	_____	___	Month: ___	Year: ____	1	2	1	2	7
8	_____	___	Month: ___	Year: ____	1	2	1	2	7
9	_____	___	Month: ___	Year: ____	1	2	1	2	7
10	_____	___	Month: ___	Year: ____	1	2	1	2	7

NOTE: SELECTION OF INDIVIDUAL RESPONDENT WILL BE PERFORMED AUTOMATICALLY BY THE iPAQ HANDHELD PROGRAM. HH5 AND HH6 WILL ALSO BE CODED AUTOMATICALLY.

NUMBER OF MEN/ WOMEN IN THE HOUSEHOLD SUITABLE FOR THE SURVEY	LAST DIGIT OF THE QUESTIONNAIRE ID NUMBER									
	0	1	2	3	4	5	6	7	8	9
0	END THE SURVEY									
1	1	1	1	1	1	1	1	1	1	1
2	1	2	1	2	1	2	1	2	1	2
3	3	1	2	3	1	2	3	1	2	3
4	1	2	3	4	1	2	3	4	1	2
5	1	2	3	4	5	1	2	3	4	5
6	6	1	2	3	4	5	6	1	2	3
7	5	6	7	1	2	3	4	5	6	7
8	1	2	3	4	5	6	7	8	1	2
9	8	9	1	2	3	4	5	6	7	8
10	9	10	1	2	3	4	5	6	7	8

TO SELECT AN INDIVIDUAL RESPONDENT, USE THE RANDOMIZATION TABLE AND ENTER THE SELECTED NUMBER IN COLUMN HH5

- IF ONLY ONE PERSON (MAN/WOMAN) WHO MEETS THE SURVEY CRITERIA LIVES IN THIS HOUSEHOLD, ENTER "1" IN COLUMN HH5

- IF THERE ARE NO MEN/WOMEN WHO MEET THE SURVEY CRITERIA IN THIS HOUSEHOLD, ENTER "0" IN COLUMN HH5, AND END THE SURVEY

- IF MORE THAN 10 MEN/WOMEN LIVE IN THIS HOUSEHOLD, END THE SURVEY AND CONSULT YOUR COORDINATOR BEFORE SELECTING ANYBODY FOR THE INDIVIDUAL SURVEY

HH5. ORDINAL NUMBER OF THE MALE/FEMALE RESPONDENT SELECTED IN THIS HOUSEHOLD WHO MEETS THE SURVEY CRITERIA

HH6. ENTER THE QUESTIONNAIRE ID No.

QUESTIONNAIRE ID No.: _____ - _____

INSTR.: IF YOU HAVE NOT TALKED TO THE SELECTED RESPONDENT OR IF HE/SHE IS NOT AVAILABLE AT THE MOMENT TO CONDUCT THE SURVEY, WRITE DOWN HIS/HER NAME AND SCHEDULE YOUR NEXT VISIT (DATE AND TIME)

NAME _____

DATE OF NEXT VISIT: _____ TIME: _____

Individual Questionnaire

CONSENT1. CHECK AGE OF SELECTED RESPONDENT FROM THE HOUSEHOLD QUESTIONNAIRE CASE DETAILS, AND SELECT THE APPROPRIATE CATEGORY BELOW:

15–17 1 [GO TO CONSENT2]

18 OR OLDER..... 2 [GO TO CONSENT5]

EMANCIPATED MINOR (15–17).... 3 [GO TO CONSENT5]

CONSENT2. Before starting the interview, I need to obtain consent from a parent or guardian of [NAME OF RESPONDENT] and from [NAME OF RESPONDENT].

IF BOTH SELECTED RESPONDENT AND PARENT/GUARDIAN ARE AVAILABLE, CONTINUE WITH INTERVIEW.

IF PARENT/GUARDIAN IS NOT AVAILABLE, BREAK–OFF INTERVIEW AND SCHEDULE AN APPOINTMENT TO RETURN.

IF MINOR RESPONDENT IS NOT AVAILABLE, CONTINUE WITH OBTAINING PARENTAL CONSENT.

CONSENT3. READ THE FOLLOWING TO THE PARENT/GUARDIAN AND SELECTED RESPONDENT (IF AVAILABLE):

I am working with the Ministry of Health and Social Development. This institution is collecting information about tobacco use in the Russian Federation. This information will be used for public health purposes by the Ministry of Health and Social Development.

Your household and [NAME OF RESPONDENT] have been selected at random. [NAME OF RESPONDENT] responses are very important to us and the community, as these answers will represent many other persons.

The interview will last around 30 minutes. [NAME OF RESPONDENT] participation in this survey is entirely voluntary. The information that [NAME OF RESPONDENT] will provide will be kept strictly confidential and [NAME OF RESPONDENT] will not be identified by his/her responses. Personal information will not be shared with anyone else, not even other family members including you. [NAME OF RESPONDENT] can withdraw from the study at any time, and may refuse to answer any question.

We will leave the necessary contact information with you. If you have any questions about this survey, you can contact the telephone numbers listed.

If you agree with [NAME OF RESPONDENT]'s participation in this survey, we will conduct a private interview with him/her.

ASK PARENT/GUARDIAN: Do you agree with [NAME OF RESPONDENT]'s participation?

YES 1 [GO TO CONSENT4]

NO..... 2 [END INTERVIEW]

CONSENT4. WAS THE SELECTED MINOR RESPONDENT PRESENT?

PRESENT 1 [GO TO CONSENT6]

NOT PRESENT..... 2 [GO TO CONSENT5]

CONSENT5. READ TO THE SELECTED RESPONDENT:

I am working with the Ministry of Health and Social Development. This institution is collecting information about tobacco use in the Russian Federation. This information will be used for public health purposes by the Ministry of Health and Social Development.

Your household and you have been selected at random. Your responses are very important to us and the community, as these answers will represent many other persons. The interview will last around 30 minutes. Your participation in this survey is entirely voluntary. The information that you will provide us will be kept strictly confidential, and you will not be identified by your responses. Personal information will not be shared with anyone else, not event other family members. You can withdraw from the study at any time, and may refuse to answer any question.

We will leave the necessary contact information with you. If you have any questions about this survey, you can contact the telephone numbers listed.

{FILL IF CONSENT4=2: Your parent/guardian has given his/her permission for you to participate in this study}

If you agree to participate, we will conduct a private interview with you.

CONSENT6. ASK SELECTED RESPONDENT: Do you agree to participate?

YES 1 [PROCEED WITH INTERVIEW]

NO..... 2 [END INTERVIEW]

FILL IN THE FOLLOWING INFORMATION:

INTERVIEW LANGUAGE	<input type="checkbox"/> 1 RUSSIAN
TIME INTERVIEW BEGAN [24 HOUR CLOCK]	____ : ____ HRS MINS

SECTION A. MAIN GENERAL DATA

INTRODUCTORY INFORMATION: First, I will ask you a few general questions.

A1. INTERVIEWER: SPECIFY THE RESPONDENT'S GENDER. ASK IF NECESSARY.

- MALE 1
- FEMALE 2

A2. The month and year of your birth?

MONTH:		IF DOESN'T KNOW, WRITE (ENTER) "77"
YEAR:		IF DOESN'T KNOW, WRITE (ENTER) "7777"

INSTR: IF MONTH=77 OR YEAR=7777 IN THE ANSWER TO QUESTION A2, ASK QUESTION A3. OTHERWISE, MOVE ONTO QUESTION A4.

A3. How old are you?

INTERVIEWER: IF RESPONDENT IS UNSURE, PROBE FOR AN ESTIMATE AND RECORD AN ANSWER

			YEARS OLD
--	--	--	-----------

WAS RESPONSE ESTIMATED?

- YES 1
- NO..... 2
- DON'T KNOW 7

A4. What is your educational background?

INTERVIEWER: CHOOSE ONLY ONE CATEGORY

- NO FORMAL EDUCATION 1
- PRIMARY SCHOOL 2
- SOME HIGH SCHOOL..... 3
- HIGH SCHOOL 4
- VOCATIONAL SCHOOL/TRADE SCHOOL..... 5
- SOME COLLEGE..... 6
- COLLEGE 7
- ADVANCED DEGREE 8
- DON'T KNOW 77

A5. Which of the following categories best describes your primary employment during the last 12 months? Government employee, employed in the non-government sector, self-employed, student, housewife, retired, unemployed-able to work, or unemployed-unable to work?

INTERVIEWER: CONSIDER INDIVIDUAL FARMING AS SELF-EMPLOYMENT

- GOVERNMENT EMPLOYEE 1
- EMPLOYED IN THE NON-GOVERNMENT SECTOR..... 2
- SELF-EMPLOYED (OWN BUSINESS)..... 3
- STUDENT 4
- HOUSEWIFE 5
- RETIRED..... 6
- UNEMPLOYED, ABLE TO WORK..... 7
- UNEMPLOYED, UNABLE TO WORK..... 8
- DON'T KNOW 77

A6. Please, tell me if your household or any member of your household has the following:

READ OUT EVERY ITEM:

YES	NO
▼	▼

- a. Electricity? 1..... 2
- b. Flush toilet?..... 1..... 2
- c. Land telephone? 1..... 2
- d. Mobile telephone? 1..... 2
- e. Television? 1..... 2
- f. Radio? 1..... 2
- g. Refrigerator?..... 1..... 2
- h. Car? 1..... 2
- i. Moped/scooter/motorbike? 1..... 2
- j. Washing machine?..... 1..... 2

A9. What is your race/nationality?

- RUSSIAN..... 1
- TATAR..... 2
- UKRAINIAN..... 3
- BASHKIR..... 4
- CHUVASH..... 5
- CHECHEN..... 6
- ARMENIAN..... 7
- MORDVA..... 8
- BELARUS..... 9
- AVAR..... 10
- OTHER..... 11 → Please specify: _____

A10. What is your religious background?

- CHRISTIAN..... 1
- MUSLIM..... 2
- JEWISH..... 3
- BUDDHIST..... 4
- OTHER..... 5 → Please specify: _____
- NONE..... 6

A11. What is your marital status? For example...

- Single..... 1
- Married..... 2
- Separated..... 3
- Divorced..... 4
- Widowed..... 5

SECTION B. TOBACCO SMOKING

INTRODUCTORY INFORMATION: I would like to ask you a few questions about smoking tobacco, including cigarettes, cigars, cigarillos, cardboard tube-tipped cigarettes, smoke pipe, or calean.

Please, let's talk now only about smoking tobacco.

B1. Do you presently smoke tobacco every day, less frequently than every day, or not at all?

- EVERY DAY 1 → MOVE TO QUESTION B4
LESS THAN EVERY DAY 2
NOT AT ALL 3 → MOVE TO QUESTION B3
DON'T KNOW 7 → MOVE TO NEXT SECTION

B2. Have you smoked every day in the past?

- YES 1 → MOVE TO QUESTION B8
NO 2 → MOVE TO QUESTION B10
DON'T KNOW 7 → MOVE TO QUESTION B10

B3. In the past, did you smoke tobacco every day, less frequently than every day, or didn't smoke at all?

INTERVIEWER: IF IN THE PAST THE RESPONDENT HAS SMOKED BOTH "EVERY DAY" AND "LESS THAN EVERY DAY", MARK "EVERY DAY" AND THEN FOLLOW THE QUESTIONS REGARDING DAILY SMOKING

- EVERY DAY 1 → MOVE TO QUESTION B11
LESS THAN EVERY DAY 2 → MOVE TO QUESTION B13
NOT AT ALL 3 → MOVE TO THE NEXT SECTION
DON'T KNOW 7 → MOVE TO NEXT SECTION

[CURRENT EVERY DAY SMOKERS]B4. How old were you when you first started smoking tobacco every day?

--	--

 YEARS IF DOESN'T KNOW, ENTER "99"

INSTR: IF B4 = 99, ASK QUESTION B5. OTHERWISE MOVE TO QUESTION B6.

B5. How many years ago did you first begin smoking every day?

--	--

 YEARS

B6. On average, how many of the following products do you currently smoke each day? Also, let me know if you smoke the product, but not every day.

IF RESPONDENT REPORTS SMOKING THE PRODUCT BUT NOT EVERY DAY, ENTER 888

IF THE RESPONDENT REPORTS THE QUANTITY IN PACKS OR PACKETS, TRY TO CLARIFY HOW MANY PIECES ARE THERE PER PACK AND CALCULATE THE TOTAL AMOUNT

READ OUT EVERY ITEM:

a. Commercially produced cigarettes?				PER DAY
a1. [IF B6a=888] On average, how many commercially produced cigarettes do you currently smoke each week?				PER WEEK
b. Hand-rolled cigarettes?				PER DAY
b1. [IF B6b=888] On average, how many hand-rolled cigarettes do you currently smoke each week?				PER WEEK
c. Pipes full of tobacco?				PER DAY
c1. [IF B6c=888] On average, how many pipes full of tobacco do you currently smoke each week?				PER WEEK
d. Cigars, cheroots, or cigarillos?				PER DAY
d1. [IF B6d=888] On average, how many cigars, cheroots, or cigarillos do you currently smoke each week?				PER WEEK
e. Cardboard tube-tipped cigarettes?				PER DAY
e1. [IF B6e=888] On average, how many cardboard tube-tipped cigarettes do you currently smoke each week?				PER WEEK
f. Number of calean sessions per day (filled once)?				PER DAY
f1. [IF B6f=888] On average, how many calean sessions do you currently participate in each week?				PER WEEK
g. Any others? (Specify type: _____)				PER DAY
g1. [IF B6g=888] On average, how many [FILL PRODUCT] do you currently smoke each week?				PER WEEK

B7. How soon after you wake up do you usually take your first smoke? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

WITHIN 5 MINUTES,..... 1

6 TO 30 MINUTES, 2

31 TO 60 MINUTES..... 3

MORE THAN 60 MINUTES..... 4

INSTR.: MOVE TO THE NEXT SECTION

[CURRENT LESS-THAN-EVERY-DAY SMOKERS]

B8. How old were you when you first started smoking tobacco every day?

		YEARS	IF DOESN'T KNOW, ENTER "99"
--	--	-------	-----------------------------

INSTR.: IF B8 = 99, ASK QUESTION B9. OTHERWISE MOVE TO QUESTION B10.

B9. How many years ago did you first begin smoking every day?

		YEARS
--	--	-------

B10. How much of the tobacco products listed below do you usually smoke during a week?

IF RESPONDENT REPORTS DOING THE ACTIVITY WITHIN THE PAST 30 DAYS, BUT LESS THAN ONCE PER WEEK, ENTER 888

IF THE RESPONDENT REPORTS THE QUANTITY OF TOBACCO PRODUCTS IN PACKS OR PACKETS, TRY TO CLARIFY HOW MANY PIECES ARE THERE PER PACK AND CALCULATE THE TOTAL AMOUNT

READ OUT EVERY ITEM:

a. Commercially produced cigarettes?				PER WEEK
b. Hand-rolled cigarettes?				PER WEEK
c. Pipes full of tobacco?				PER WEEK
d. Cigars, cheroots or cigarillos?				PER WEEK
e. Cardboard tube-tipped cigarettes?....				PER WEEK
f. Number of calean sessions per week (filled once)?				PER WEEK
g. Other?				PER WEEK

INSTR.: MOVE TO THE NEXT SECTION

[FORMER SMOKERS]

B11. How old were you when you first started smoking tobacco every day?

YEARS IF DOESN'T KNOW, ENTER "99"

INSTR.: IF B11 = 99, ASK QUESTION B12. OTHERWISE MOVE TO QUESTION B13.

B12. How many years ago did you first begin smoking every day?

YEARS

B13. How long ago did you quit smoking?

INTERVIEWER: WE ARE INTERESTED ONLY WHEN THE RESPONDENT has QUIT SMOKING REGULARLY – DO NOT TAKE INTO ACCOUNT RARE OCCASIONS OF SMOKING

SELECT THE MEASUREMENT UNIT AND CALCULATE THE DURATION OF THE PERIOD

YEARS 1

MONTHS 2

WEEKS 3

DAYS 4

LESS THAN ONE DAY (24 HOURS) 5

DON'T KNOW 7

INSTR.: IF B13 < 1 YEAR (< 12 MONTHS), THEN MOVE TO QUESTION B14. OTHERWISE MOVE TO THE NEXT SECTION.

B14. Have you been to a doctor or another medical professional during the past 12 months?

YES 1

NO 2 → MOVE TO QUESTION B18

B15. How many times have you been to a doctor or another medical professional during the past 12 months? Would you say that this was 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2 TIMES 1

FROM 3 TO 5 TIMES 2

6 OR MORE TIMES 3

B16. During any visit to a doctor or another medical professional during the past 12 months, were you asked whether you smoke tobacco?

YES 1

NO..... 2 → MOVE TO QUESTION B18

B17. During any visit to a doctor or another medical professional during the past 12 months, were you advised to quit smoking tobacco?

YES 1

NO..... 2

B18. During the past 12 months, have you used any of the methods listed below to quit smoking?

READ OUT EVERY ITEM:

YES	NO
▼	▼

- a. Consultations in healthcare facilities, including specialized offices on how to quit smoking? 1 2
- b. Nicotine-replacement therapy, such as patches or chewing gum? 1 2
- c. Other medications, such as tabex? 1 2
- d. Non-medication therapy, such as acupuncture or reflexology? 1 2
- e. Psychotherapy, such as coding or hypnosis? 1 2
- f. Switching to a non-smoking tobacco? 1 2
- g. Anything else? Please specify: _____ 1 2

SECTION C. NON-SMOKING TOBACCO

INTRODUCTORY INFORMATION: The following questions concern the use of non-smoking tobacco, such as snus, snuffing tobacco, or chewing tobacco.

C1. Do you at present use non-smoking tobacco every day, less frequently than every day, or not at all?

- EVERY DAY 1 → MOVE TO QUESTION C4
- LESS THAN EVERY DAY..... 2
- NOT AT ALL..... 3 → MOVE TO QUESTION C3
- DON'T KNOW 7 → MOVE TO NEXT SECTION

C2. Have you used non-smoking tobacco every day in the past?

- YES 1 → MOVE TO QUESTION C8
- NO..... 2 → MOVE TO QUESTION C10
- DON'T KNOW 7 → MOVE TO QUESTION C10

C3. In the past, have you used non-smoking tobacco every day, less frequently than every day, or not at all?

INTERVIEWER: IF THE RESPONDENT IN THE PAST HAS USED NON-SMOKING TOBACCO BOTH "EVERY DAY" AND "LESS THAN EVERY DAY", MARK "EVERY DAY" AND THEN FOLLOW THE QUESTIONS REGARDING DAILY SMOKING

- EVERY DAY 1 → MOVE TO QUESTION C11
- LESS THAN EVERY DAY..... 2 → MOVE TO QUESTION C13
- NOT AT ALL..... 3 → MOVE TO NEXT SECTION
- DON'T KNOW 7 → MOVE TO NEXT SECTION

[CURRENT every-day non-smoking tobacco USERS]

C4. How old were you when you first started using non-smoking tobacco every day?

YEARS IF DOESN'T KNOW, ENTER "99"

INSTR.: IF C4 = 99, ASK QUESTION C5. OTHERWISE MOVE TO QUESTION C6.

C5. How many years ago did you first begin using non-smoking tobacco every day?

YEARS

C6. On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.

INTERVIEWER: IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, ENTER 888

READ OUT EVERY ITEM:

a. Snus (oral tobacco)?				PER DAY
a1. [IF C6a=888] On average, how many times a week do you currently use snus (oral tobacco)?				PER WEEK
b. Snuffing tobacco (for nasal use)?				PER DAY
b1. [IF C6b=888] On average, how many times a week do you currently use snuffing tobacco (for nasal use)?				PER WEEK
c. Chewing tobacco (oral tobacco for chewing)?				PER DAY
c1. [IF C6c=888] On average, how many times a week do you currently use chewing tobacco (oral tobacco for chewing)?				PER WEEK
d. Other? (Specify type: _____)				PER DAY
d1. [IF C6d=888] On average, how many times a week do you currently use [FILL PRODUCT]?				PER WEEK

C7. How soon after waking up do you first use non-smoking tobacco? Would you say within 5 minutes, 6 to 30 minutes, 31 to 60 minutes, or more than 60 minutes?

- WITHIN 5 MINUTES,..... 1
 6 TO 30 MINUTES, 2
 31 TO 60 MINUTES 3
 MORE THAN 60 MINUTES?..... 4

INSTR.: MOVE TO THE NEXT SECTION

[LESS-THAN-EVERY-DAY NON-SMOKING TOBACCO USERS]

C8. How old were you when you first started using non-smoking tobacco every day?

--	--

YEARS

IF DOESN'T KNOW, ENTER "99"

INSTR.: IF C8 = 99, ASK QUESTION C9. OTHERWISE MOVE TO QUESTION C10.

C9. How many years ago did you first begin using non-smoking tobacco every day?

--	--

YEARS

C10. How many times a week do you usually use the following non-smoking tobacco?

IF RESPONDENT REPORTS DOING THE ACTIVITY WITHIN THE PAST 30 DAYS, BUT LESS THAN ONCE PER WEEK, ENTER 888

READ OUT EVERY ITEM:

a. Snus (oral tobacco)?

TIMES PER WEEK

b. Snuffing tobacco (for nasal use)?

TIMES PER WEEK

c. Chewing tobacco (oral tobacco for chewing)?

TIMES PER WEEK

d. Other?

TIMES PER WEEK

→ Specify type: _____

INSTR.: MOVE TO THE NEXT SECTION

[FORMER NON-SMOKING TOBACCO USERS]

C11. How old were you when you first started using non-smoking tobacco every day?

		YEARS	IF DOESN'T KNOW, ENTER "99"
--	--	-------	-----------------------------

INSTR: IF C11 = 99, ASK QUESTION C12. OTHERWISE MOVE TO QUESTION C13.

C12. How many years ago did you first begin using non-smoking tobacco every day?

		YEARS
--	--	-------

C13. How long ago did you stop using non-smoking tobacco?

INTERVIEWER: INTERVIEWER: WE ARE INTERESTED ONLY WHEN THE RESPONDENT QUIT REGULAR use of non-smoking tobacco — DO NOT TAKE INTO ACCOUNT RARE OCCASIONS OF its use

SELECT THE MEASUREMENT UNIT AND CALCULATE THE DURATION OF THE PERIOD

YEARS	<input type="checkbox"/> 1			
MONTHS	<input type="checkbox"/> 2			
WEEKS.....	<input type="checkbox"/> 3			
DAYS	<input type="checkbox"/> 4			

LESS THAN ONE DAY (24 HOURS) 5

DON'T KNOW 7

INSTR.: IF C13 < 1 YEAR (< 12 MONTHS), THEN MOVE TO QUESTION C14. OTHERWISE MOVE TO THE NEXT SECTION.

INSTR.: IF QUESTION B14 WAS NOT ASKED → CONTINUE FROM QUESTION C14
IF B14 = YES → MOVE TO QUESTION C16
IF B14 = NO → MOVE TO QUESTION C18

C14. Have you been to a doctor or another medical professional during the past 12 months?

YES 1
 NO..... 2 → MOVE TO QUESTION C18

C15. How many times have you been to a doctor or another medical professional during the past 12 months? Would you say that this was 1 or 2 times, 3 to 5 times, or 6 or more times?

1 OR 2 1
 FROM 3 TO 5..... 2
 6 OR MORE..... 3

C16. During any visit to a doctor or another medical professional during the past 12 months, were you asked whether you use non-smoking tobacco?

- YES 1
 NO..... 2 → MOVE TO QUESTION C18

C17. During any visit to a doctor or another medical professional during the past 12 months, were you advised to stop using non-smoking tobacco?

- YES 1
 NO..... 2

C18. During the past 12 months, have you used any of the methods listed below to quit using non-smoking tobacco?

READ OUT EVERY ITEM:

YES	NO
▼	▼

- a. Consultations in healthcare facilities, including specialized offices on how to quit? 1 2
 b. Nicotine-replacement therapy, such as patches or chewing gum? 1 2
 c. Other medications, such as tabex? 1 2
 d. Non-medication therapy, such as acupuncture or reflexology? 1 2
 e. Psychotherapy, such as coding or hypnosis? 1 2
 g. Anything else? Please specify: _____ 1 2

SECTION D1. QUITTING SMOKING

INSTR.: check the answer to question B1 AND WRITE IT DOWN BELOW:

B1 = ___

**IF B1 = 1 OR 2 (THE RESPONDENT SMOKES TOBACCO AT PRESENT),
PROCEED WITH THE QUESTIONS IN THIS SECTION. 1**

**IF B1 = 3 (THE RESPONDENT DOES NOT SMOKE TOBACCO AT PRESENT),
MOVE TO THE NEXT SECTION. 2**

INTRODUCTORY INFORMATION: The following questions concern any attempts that you may have made during the past 12 months to quit smoking.

D1. Have you tried to quit smoking during the past 12 months?

YES 1

NO 2 → MOVE TO THE INTRODUCTORY INSTRUCTION BEFORE QUESTION D4

D2. Try to remember your last attempt to quit smoking — how long did you go without smoking?

SELECT THE MEASUREMENT UNIT AND CALCULATE THE DURATION OF THE PERIOD

MONTHS	<input type="checkbox"/> 1			
WEEKS.....	<input type="checkbox"/> 2			
DAYS	<input type="checkbox"/> 3			

LESS THAN ONE DAY (24 HOURS) 4

DON'T KNOW 7

D3. During the past 12 months, have you used any of the methods listed below to quit smoking?

READ OUT EVERY ITEM

YES	NO
▼	▼

- a. Consultations in healthcare facilities, including specialized offices on how to quit smoking. 1 2
- b. Nicotine-replacement therapy, such as patches or chewing gum? 1 2
- c. Other medications, such as tabex? 1 2
- d. Non-medication therapy, such as acupuncture or reflexology? 1 2
- e. Psychotherapy, such as coding or hypnosis? 1 2
- f. Switching to a non-smoking tobacco? 1 2
- g. Anything else? Please specify: _____ 1 2

INSTR.: IF QUESTION C14 WAS NOT ASKED → CONTINUE FROM QUESTION D4
 IF C14 = YES → MOVE TO QUESTION D6
 IF C14 = NO → MOVE TO QUESTION D8

D4. Have you been to a doctor or another medical professional during the past 12 months?

- YES 1
 NO..... 2 → MOVE TO QUESTION D8

D5. How many times have you been to a doctor or another medical professional during the past 12 months? Would you say that this was 1 or 2 times, 3 to 5 times, or 6 or more times?

- 1 OR 2 1
 FROM 3 TO 5..... 2
 6 OR MORE..... 3

D6. During any visit to a doctor or another medical professional during the past 12 months, were you asked whether you smoke tobacco?

- YES 1
 NO..... 2 → MOVE TO QUESTION D8

D7. During any visit to a doctor or another medical professional during the past 12 months, were you advised to quit smoking tobacco?

- YES 1
 NO..... 2

D8. Which one of the following statements best describes your thoughts about quitting smoking? I am planning to quit within the next month, I am thinking about quitting within the next 12 months, I will quit someday but not within the next 12 months, or I am not interested in quitting?

- QUIT WITHIN THE NEXT MONTH 1
 THINKING WITHIN THE NEXT 12 MONTHS..... 2
 QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS. 3
 NOT INTERESTED IN QUITTING 4
 DON'T KNOW 7

SECTION D2. QUITTING USING NON-SMOKING TOBACCO

INSTR.: CHECK THE ANSWER TO QUESTION C1 AND WRITE IT DOWN BELOW:

C1 = ____

**IF C1 = 1 OR 2 (THE RESPONDENT USES NON-SMOKING TOBACCO AT PRESENT),
PROCEED WITH THE QUESTIONS IN THIS SECTION 1**

**IF C1 = 3 (THE RESPONDENT DOES NOT USE NON-SMOKING TOBACCO AT PRESENT),
MOVE TO THE NEXT SECTION 2**

INTRODUCTORY INFORMATION: The following questions concern any attempts that you may have made during the past 12 months to quit using non-smoking tobacco.

D9. Have you tried to quit using non-smoking tobacco during the past 12 months?

YES 1

NO 2 → MOVE TO THE INTRODUCTORY INFORMATION BEFORE QUESTION D12

D10. Try to remember your last attempt to quit — how long did you go without using non-smoking tobacco?

SELECT THE MEASUREMENT UNIT AND CALCULATE THE DURATION OF THE PERIOD

MONTHS	<input type="checkbox"/> 1			
WEEKS.....	<input type="checkbox"/> 2			
DAYS	<input type="checkbox"/> 3			

LESS THAN ONE DAY (24 HOURS) 4

DON'T KNOW 7

D11. During the past 12 months, have you used any of the methods listed below to quit using non-smoking tobacco?

READ OUT EVERY ITEM:

YES	NO
▼	▼

- | | | |
|--|---------|---|
| a. Consultations in healthcare facilities, including specialized offices on how to quit? | 1 | 2 |
| b. Nicotine-replacement therapy, such as patches or chewing gum? | 1 | 2 |
| c. Other medications, such as tabex? | 1 | 2 |
| d. Non-medication therapy, such as acupuncture or reflexology? | 1 | 2 |
| e. Psychotherapy, such as coding or hypnosis? | 1 | 2 |
| g. Anything else? Please specify: _____ | 1 | 2 |

INSTR.: IF NEITHER QUESTION B14, NOR QUESTION D4 WAS ASKED → MOVE TO QUESTION D12
IF B14 OR D4 = YES → MOVE TO QUESTION D14
IF B14 OR D4 = NO → MOVE TO QUESTION D16

D12. Have you been to a doctor or another medical professional during the past 12 months?

- YES 1
 NO..... 2 → MOVE TO QUESTION D16

D13. How many times have you been to a doctor or another medical professional during the past 12 months? Would you say that this was 1 or 2 times, 3 to 5 times, or 6 or more times?

- 1 OR 2 1
 FROM 3 TO 5..... 2
 6 OR MORE..... 3

D14. During any visit to a doctor or another medical professional during the past 12 months, were you asked whether you use non-smoking tobacco?

- YES 1
 NO..... 2 → MOVE TO QUESTION D16

D15. During any visit to a doctor or another medical professional during the past 12 months, were you advised to quit using non-smoking tobacco?

- YES 1
 NO..... 2

D16. Which of the following statements best describes your thoughts on quitting using non-smoking tobacco? I am planning to quit within the next month, I am thinking about quitting within the next 12 months, I will quit someday but not within the next 12 months, or I am not interested in quitting?

- QUIT WITHIN THE NEXT MONTH 1
 THINKING WITHIN THE NEXT 12 MONTHS 2
 QUIT SOMEDAY, BUT NOT NEXT 12 MONTHS. 3
 NOT INTERESTED IN QUITTING 4
 DON'T KNOW 7

SECTION E. SECONDHAND SMOKING

INTRODUCTORY INFORMATION: Now I would like to ask you a few questions about smoking in various places.

E1. Which of the following statements best describes the smoking rules in your home: Smoking in your home is allowed, smoking in your home is generally not allowed with certain exceptions, smoking in your home is never allowed, or there are no rules about smoking in your home?

- ALLOWED V1
 NOT ALLOWED BUT WITH EXCEPTIONS 2
 NEVER ALLOWED 3 → MOVE TO QUESTION E4
 NO RULES 4 → MOVE TO QUESTION E3
 DON'T KNOW 7 → MOVE TO QUESTION E3

E2. Is smoking in your home allowed in all rooms?

- YES 1
 NO 2

E3. How often does anybody smoke in your home? Would you say that this happens every day, every week, monthly, less than monthly, or never?

- EVERY DAY 1
 EVERY WEEK 2
 MONTHLY 3
 LESS THAN MONTHLY 4
 NEVER 5
 DON'T KNOW 7

E4. Do you presently work outside of your home?

- YES 1
 NO/I AM NOT EMPLOYED 2 → MOVE TO QUESTION E9

E5. Do you usually work indoors or outdoors?

- INDOORS 1 → MOVE TO QUESTION E7
 OUTDOORS 2
 BOTH 3 → MOVE TO QUESTION E7

E6. Are there indoor areas in your workplace?

- YES 1
 NO 2 → MOVE TO QUESTION E9
 DON'T KNOW 7 → SKIP TO E9

E7. Which of the following best describes the policy regarding smoking in indoor areas at your work: Smoking is permitted everywhere, smoking is permitted only in certain indoor areas, smoking is prohibited in all indoor areas, or there is no policy?

- PERMITTED EVERYWHERE 1
- PERMITTED ONLY IN CERTAIN INDOOR AREAS 2
- PROHIBITED IN ALL INDOOR AREAS 3
- THERE IS NO POLICY 4
- DON'T KNOW 7

E8. During the past 30 days, has anyone smoked in the indoor area where you work?

- YES 1
- NO 2

E9. Have you been to any government institutions or offices during the past 30 days?

- YES 1
- NO 2 → MOVE TO QUESTION E11
- DON'T KNOW 7 → MOVE TO QUESTION E11

E10. Did anyone smoke in the government institutions or offices that you visited during the past 30 days?

- YES 1
- NO 2
- DON'T KNOW 7

E11. Have you been to any healthcare facilities during the past 30 days?

- YES 1
- NO 2 → MOVE TO QUESTION E13
- DON'T KNOW 7 → MOVE TO QUESTION E13

E12. Did anyone smoke in the healthcare facilities that you visited during the past 30 days?

- YES 1
- NO 2
- DON'T KNOW 7

E13. Have you been to any restaurants during the past 30 days?

- YES 1
- NO 2 → MOVE TO QUESTION E25
- Don't know 7 → MOVE TO QUESTION E25

E14. Did anyone smoke inside the restaurant that you visited during the past 30 days?

- YES 1
- NO..... 2
- DON'T KNOW 7

E15. Have you used any means of public transportation during the past 30 days?

- YES 1
- NO..... 2 → MOVE TO QUESTION E19
- DON'T KNOW 7 → MOVE TO QUESTION E19

E16. Did anyone smoke in any means of public transportation that you used during the past 30 days?

- YES 1
- NO..... 2
- DON'T KNOW 7

E17. Do you think or know that inhaling secondhand tobacco smoke causes serious illnesses in non-smokers?

- YES 1
- NO..... 2
- DON'T KNOW 7

E19. Have you been to any school during the past 30 days?

- YES 1
- NO..... 2 → MOVE TO QUESTION E21
- DON'T KNOW 7 → MOVE TO QUESTION E21

E20. Did anyone smoke in the school building where you were during the past 30 days?

- YES 1
- NO..... 2
- DON'T KNOW 7

E21. Have you been to any college or university during the past 30 days?

- YES 1
- NO..... 2 → MOVE TO QUESTION E23
- DON'T KNOW 7 → MOVE TO QUESTION E23

E22. Did anyone smoke in the building of the college or university where you were during the past 30 days?

- YES 1
 NO..... 2
 DON'T KNOW 7

E23. Have you been in any private place of employment {FILL IF E4=1: other than your own} during the past 30 days?

- YES 1
 NO..... 2 → MOVE TO QUESTION E17
 DON'T KNOW 7 → MOVE TO QUESTION E17

E24. Did anyone smoke in the building of any {FILL IF E4=1:of these} private places of employment where you were during the past 30 days?

- YES 1
 NO..... 2
 DON'T KNOW 7

E25. Have you visited any bars or night clubs during the past 30 days?

- YES 1
 NO..... 2 → MOVE TO QUESTION E27
 DON'T KNOW 7 → MOVE TO QUESTION E27

E26. Did anyone smoke inside the bar or night club that you visited during the past 30 days?

- YES 1
 NO..... 2
 DON'T KNOW 7

E27. Have you been to any cafés or cafeterias during the past 30 days?

- YES 1
 NO..... 2 → MOVE TO QUESTION E15
 DON'T KNOW 7 → MOVE TO QUESTION E15

E28. Did anyone smoke inside the café or cafeteria that you visited during the past 30 days?

- YES 1
 NO..... 2
 DON'T KNOW 7

E29. Should indoor smoking in the following public places be permitted or prohibited?

READ OUT EVERY ITEM:	SHOULD BE PERMITTED ▼	SHOULD BE PROHIBITED ▼	DON'T KNOW ▼
a. Healthcare facilities?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7
b. Workplace?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7
c. Restaurants?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7
d. Bars?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7
e. Public transportation?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7
f. Schools?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7
g. Universities, institutes, colleges?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7
h. Religious institutions?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7
i. Cafés, cafeterias?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7
j. Government institutions?.....	<input type="checkbox"/> 1.....	<input type="checkbox"/> 2.....	<input type="checkbox"/> 7

SECTION F. ECONOMICS — COMMERCIALY PRODUCED CIGARETTES

INSTR.: CHECK THE ANSWERS TO QUESTIONS B1, B6a, AND B10a, AND WRITE THEM DOWN BELOW:

B1 = ____
 B6a = ____
 B10a = ____

**IF B1 = 1 OR 2 (PRESENTLY THE RESPONDENT SMOKES EVERY DAY OR LESS FREQUENTLY THAN EVERY DAY)
 AND
 [B6a OR B10a] > 0 OR = 888 (THE RESPONDENT SMOKES COMMERCIALY PRODUCED CIGARETTES)**

**THEN PROCEED WITH THE QUESTIONS IN THIS SECTION 1
 OTHERWISE, MOVE TO THE NEXT SECTION..... 2**

INTRODUCTORY INFORMATION: The following questions concern your last purchase of cigarettes for yourself.

F1. How many cigarettes did you buy for yourself during your last purchase?

WRITE DOWN THE QUANTITY AND CHECK THE MEASUREMENT UNIT BELOW

--	--	--

- CIGARETTES 1
- PACKS 2 → How many cigarettes were there per pack? ____
- CARTONS 3 → How many cigarettes were there per carton? ____
- OTHER, SPECIFY: _____ . 4 → How many cigarettes were there per [fill out]? ____
- NEVER BOUGHT CIGARETTES 5 → MOVE TO THE NEXT SECTION

F2. How much money in total did you pay for these cigarettes?

	Rubles
--	--------

F3. What brand of cigarettes did you buy when you last bought cigarettes for yourself?

BOND	1	
BELOMORKANAL	2	
CAMEL	3	
CHESTERFIELD	4	
DAVIDOFF	5	
DUKAT	6	
DUNHILL	7	
ESSE	8	
KENT	9	
KOSMOS	10	
L&M	11	
LD	12	
MARLBORO	13	
MILD SEVEN	14	
MURATTI	15	
NEVO	16	
OPTIMA	17	
PARLIAMENT	18	
PALL MALL	19	
PETR VELIKIY	20	
PETR I	21	
PRIMA	22	
RUSKIY STIL	23	
SOBRANIE	24	
SOYUZ APOLLON	25	
TROYKA	26	
VOGUE	27	
WEST	28	
WINSTON	29	
YAVA	30	
OTHER	31	→ Please specify: _____

F4. Where did you last purchase cigarettes for yourself?

- VENDING MACHINE 1
- STORE 2
- STREET VENDOR OR MARKET 3
- POST EXCHANGE. 4
- DUTY-FREE SHOP 5
- ABROAD 6
- NEWSSTAND 7
- INTERNET STORE 8
- TOBACCO KIOSK 9
- RESTAURANT, BAR 10
- GAS STATION 11
- OTHER 12 → SPECIFY: _____
- DON'T REMEMBER 77

F5. Were those filter or filterless cigarettes?

FILTER 1

FILTERLESS..... 2

F6. Were the cigarettes marked — Lights, Mild or Low Tar?

LIGHTS 1

MILD 2

LOW TAR..... 3

NONE OF THE ABOVE..... 4

DON'T KNOW 7

SECTION G. MEDIA

INTRO: The next few questions ask about your exposure to the media and advertisements in the last 30 days. For each item, I am going to ask about cigarettes and non-smoking tobacco.

G1a. In the last 30 days, have you noticed any information in newspapers or in magazines about the dangers of use or that encourages quitting of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO..... 2

NOT APPLICABLE 7 → SKIP TO G1b

2. Non-smoking tobacco?

YES 1

NO..... 2

G1b. In the last 30 days, have you seen any information on television about the dangers of use or that encourages quitting of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO..... 2

NOT APPLICABLE 7 → SKIP TO G1c

2. Non-smoking tobacco?

YES 1

NO..... 2

G1c. In the last 30 days, have you heard any information on the radio about the dangers or that encourages quitting of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO..... 2

NOT APPLICABLE 7 → SKIP TO G1d

2. Non-smoking tobacco?

YES 1

NO..... 2

G1d. In the last 30 days, have you noticed any information on billboards about the dangers or that encourages quitting of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO..... 2

NOT APPLICABLE 7 → SKIP TO G1e

2. Non-smoking tobacco?

YES 1

NO..... 2

G1e. In the last 30 days, have you noticed any information on the subway about the dangers or that encourages quitting of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO..... 2

NOT APPLICABLE 7 → SKIP TO G1f

2. Non-smoking tobacco?

YES 1

NO..... 2

G1f. In the last 30 days, have you noticed any information in stores about the dangers or that encourages quitting of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO..... 2

NOT APPLICABLE 7 → SKIP TO G1g

2. Non-smoking tobacco?

YES 1

NO..... 2

G1g. In the last 30 days, have you noticed any information somewhere else about the dangers or that encourages quitting of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1 → Please specify: _____

NO..... 2

2. Non-smoking tobacco?

YES 1 → Please specify: _____

NO..... 2

G2. In the last 30 days, did you notice any health warnings on cigarette packages?

YES 1

NO..... 2 → SKIP TO G2a

DID NOT SEE ANY CIGARETTE PACKAGES 3 → SKIP TO G2a

G3. [ADMINISTER IF B1 = 1 OR 2. ELSE GO TO G2a]

In the last 30 days, have warning labels on cigarette packages led you to think about quitting?

YES 1

NO..... 2

DON'T KNOW 7

G2a. In the last 30 days, did you notice any health warnings on non-smoking tobacco products?

YES 1

NO..... 2 → SKIP TO G4a

DID NOT SEE ANY NON-SMOKING PRODUCTS 3 → SKIP TO G4a

G3a. [ADMINISTER IF C1 = 1 OR 2. ELSE GO TO G4a]

In the last 30 days, have warning labels on non-smoking tobacco products led you to think about quitting?

YES 1

NO..... 2

DON'T KNOW 7

G4a. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in stores where the products are sold?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO..... 2

NOT APPLICABLE 7 → SKIP TO G4b

2. Non-smoking tobacco?

YES 1

NO..... 2

G4b. In the last 30 days, have you seen any advertisements or signs promoting the following tobacco products on television?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO..... 2

NOT APPLICABLE 7 → SKIP TO G4c

2. Non-smoking tobacco?

YES 1

NO..... 2

G4c. In the last 30 days, have you heard any advertisements promoting the following tobacco products on the radio?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO..... 2

NOT APPLICABLE 7 → SKIP TO G4d

2. Non-smoking tobacco?

YES 1

NO..... 2

G4d. In the last 30 days, have you noticed any advertisements promoting the following tobacco products on billboards?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO..... 2

NOT APPLICABLE 7 → SKIP TO G4f

2. Non-smoking tobacco?

YES 1

NO..... 2

G4f. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products in newspapers or magazines?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO..... 2

NOT APPLICABLE 7 → SKIP TO G4h

2. Non-smoking tobacco?

YES 1

NO..... 2

G4h. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products on the internet?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO..... 2

NOT APPLICABLE 7 → SKIP TO G4k

2. Non-smoking tobacco?

YES 1

NO..... 2

G4k. In the last 30 days, have you noticed any advertisements or signs promoting the following tobacco products anywhere else?

READ EACH ITEM:

1. Cigarettes?

YES 1 → Please specify: _____

NO..... 2

2. Non-smoking tobacco?

YES 1 → Please specify: _____

NO..... 2

G5. In the last 30 days, have you noticed any sport or sporting event that is associated with cigarette brands or cigarette companies?

YES 1

NO..... 2

DON'T KNOW 7

G5a. In the last 30 days, have you noticed any sport or sporting event that is associated with non-smoking tobacco brands or non-smoking tobacco companies?

YES 1

NO..... 2

DON'T KNOW 7

G6a. In the last 30 days, have you noticed any free samples of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1

NO..... 2

DON'T KNOW 7

2. Non-smoking tobacco?

YES 1

NO..... 2

DON'T KNOW 7

G6e. In the last 30 days, have you noticed any clothing or other items with a brand name or logo of the following tobacco products?

READ EACH ITEM:

1. Cigarettes?

YES 1
NO..... 2
DON'T KNOW 7

2. Non-smoking tobacco?

YES 1
NO..... 2
DON'T KNOW 7

SECTION H. KNOWLEDGE, ATTITUDES AND VIEWS

H1. The next question concerns tobacco products for smoking.

Do you think or know that tobacco smoking causes serious medical conditions?

YES 1

NO 2 → MOVE TO QUESTION TO H2_3

DON'T KNOW 7

H2. Do you think or know that smoking is the cause of the following diseases...

READ OUT EVERY ITEM:

	YES ▼	NO ▼	DON'T KNOW ▼
Stroke (brain hemorrhage)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
b. Heart attack?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
c. Lung cancer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
d. Bronchitis?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
e. Stomach ulcers?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7

H2_2. What do you think, can certain types of cigarettes be less harmful as compared to others or are all cigarettes equally harmful?

CAN BE LESS HARMFUL 1

ALL ARE EQUALLY HARMFUL 2

DON'T KNOW 7

H2_3. Do you believe that cigarettes cause an addiction?

YES 1

NO 2

DON'T KNOW 7

H3. Do you think or know that the use of non-smoking tobacco causes serious medical conditions?

YES 1

NO 2

DON'T KNOW 7

H4a. Would you favor or oppose a law that prohibits indoor smoking in the workplace?

IN FAVOR 1

AGAINST 2

DON'T KNOW 7

H4b. Would you favor or oppose a law that prohibits smoking in indoor places such as medical facilities?

- IN FAVOR 1
- AGAINST..... 2
- DON'T KNOW 7

H4c. Would you favor or oppose a law that prohibits smoking in indoor places such as schools, colleges, universities?

- IN FAVOR 1
- AGAINST..... 2
- DON'T KNOW 7

H4d. Would you favor or oppose a law that prohibits smoking in indoor places such as restaurants, bars, night clubs?

- IN FAVOR 1
- AGAINST..... 2
- DON'T KNOW 7

H5. Would you be in favor or against an increase in taxes on tobacco products?

- IN FAVOR 1
- AGAINST..... 2
- DON'T KNOW 7

H6. Would you be in favor or against a law prohibiting all advertising of tobacco products?

- IN FAVOR 1
- AGAINST..... 2
- DON'T KNOW 7

END INDIVIDUAL SURVEY

I have asked you all of the questions that I wanted to ask. Thank you very much for taking part in this important survey.

SURVEY END TIME
[24-HOUR FORMAT]

____ : ____
HOUR MIN.

Appendix F: MPOWER Summary Indicators

Table F.1: MPOWER Summary Indicators, GATS Russian Federation 2009.

Indicator	Overall	Gender		Residence	
		Male	Female	Urban	Rural
M: Monitor tobacco use and prevention policies*					
Current tobacco use ⁽¹⁾	39.4	60.7	21.7	40.5	36.1
Current tobacco smokers ⁽¹⁾	39.1	60.2	21.7	40.2	35.9
Current cigarette smokers ^{(1) (2)}	38.8	59.8	21.4	39.8	35.8
Current manufactured cigarette smokers ⁽¹⁾	38.5	59.3	21.4	39.6	35.5
Current smokeless tobacco use ⁽¹⁾	0.6	1.0	0.2	0.7	0.3
Average number of cigarettes smoked per day ^{(2) (3)}	16.9	18.4	12.6	16.5	18.3
Average age at daily smoking initiation ⁽⁴⁾	18.1	17.4	19.9	18.2	17.8
Former daily tobacco smokers among ever daily smokers ⁽⁵⁾	18.3	18.8	17.1	18.4	17.9
P: Protect people from tobacco smoke*					
Exposure to secondhand smoke at home at least monthly ⁽⁶⁾	34.7	36.7	33.0	35.9	31.1
Exposure to secondhand smoke at work ^{(7) †}	34.9	45.7	25.7	35.9	31.0
Exposure to second hand smoke in public places [†] :					
Government buildings/offices	9.5	11.3	8.0	10.4	6.9
Health care facilities	4.1	3.8	4.3	4.3	3.4
Restaurants	12.1	12.7	11.7	14.7	4.7
Bars or night clubs	15.2	18.7	12.3	17.0	9.8
Cafes or cafeterias	17.8	20.2	15.9	20.5	9.8
Public transportation	18.1	15.8	19.9	19.1	15.1
Schools	1.6	1.5	1.7	1.7	1.2
College or university	3.8	4.7	3.0	4.3	2.1
Private workplace	13.7	17.7	10.4	15.1	9.6
Any of these places	51.4	54.9	48.4	56.0	37.8
O: Offer help to quit tobacco use⁽⁸⁾					
Made a quit attempt in the past 12 months ⁽⁹⁾	32.1	29.4	38.1	31.9	32.5
Advised to quit smoking by a health care provider ⁽¹⁰⁾	31.8	34.2	27.5	31.6	32.3
Attempted to quit smoking using a specific cessation method ⁽⁹⁾					
Pharmacotherapy ⁽¹¹⁾	20.1	19.0	21.9	20.3	19.2
Counseling/advice ⁽¹²⁾	3.5	4.3	2.0	3.1	4.6
Non-medication therapy ⁽¹³⁾	3.7	5.0	1.4	4.1	2.2
Other methods ⁽¹⁴⁾	34.9	33.5	37.5	36.3	30.6
Interest in quitting smoking ⁽¹⁵⁾	60.3	55.9	70.7	61.2	57.7

Indicator	Overall	Gender		Residence	
		Male	Female	Urban	Rural
W: Warn about the dangers of tobacco*					
Belief that tobacco smoking causes serious illness	90.8	88.0	93.2	90.2	92.8
Belief that smoking causes specific diseases:					
Stroke	67.3	60.9	72.6	66.3	70.1
Heart attack	71.0	65.7	75.5	70.7	71.9
Lung cancer	91.2	88.5	93.5	90.8	92.5
Bronchitis	76.8	71.8	81.0	75.8	79.9
Stomach Ulcer	63.4	57.6	68.3	61.6	68.7
Belief that smokeless tobacco causes serious illness	43.0	37.9	47.3	41.4	47.8
Belief that breathing other peoples' smoke causes serious illness	81.9	75.7	87.0	81.1	84.3
Belief that certain types of cigarettes can be less harmful than others ⁽¹⁶⁾	22.4	27.7	18.2	23.8	18.2
Belief that cigarettes cause an addiction	93.9	93.3	94.3	93.9	93.7
E: Enforce bans on tobacco advertising, promotion, and sponsorship*					
Noticed any cigarette advertisement, sponsorship or promotion [†]	68.0	71.6	65.0	72.4	55.3
Noticed anti-cigarette smoking information at any location [†]	68.1	66.8	69.1	70.4	61.4
Noticed anti-smokeless tobacco information at any location [†]	19.2	19.9	18.6	18.4	21.8
Believes indoor smoking should be prohibited at various public places ⁽¹⁷⁾	42.1	32.0	50.5	39.0	51.1
In favor of a law prohibiting all advertising of tobacco products	82.5	77.0	87.2	82.5	82.7
R: Raise taxes on tobacco⁽¹⁸⁾					
Average cigarette expenditure per month (rubles)	567.6	607.7	473.3	590.7	491.5
Average price per pack of 20 manufactured cigarettes (rubles)	24.8	23.4	30.3	26.5	19.7
Last cigarette purchase was from a store	66.8	66.6	67.3	62.3	81.7
Last cigarette purchase was from a street vendor/machine	9.5	10.0	8.3	10.3	7.0
Last cigarette purchase was from a tobacco kiosk	16.6	16.2	17.5	19.2	7.9
In favor of increasing taxes on tobacco products	44.1	33.7	52.7	43.3	46.4

Notes:

⁽¹⁾ Current use includes both daily and occasional (less than daily) use.

⁽²⁾ Cigarette use includes manufactured cigarettes, hand-rolled cigarettes, and papirosy (cardboard tube-tipped cigarettes).

⁽³⁾ Among current cigarette smokers.

⁽⁴⁾ Among respondents 20–34 years of age who are ever daily smokers.

⁽⁵⁾ Also known as the quit ratio for daily smoking.

⁽⁶⁾ Adults reporting that smoking inside their home occur daily, weekly, or monthly.

⁽⁷⁾ Among those respondents who work outside of the home who usually work indoors or both indoors and outdoors.

⁽⁸⁾ Among current smokers (includes both daily and occasional smokers).

⁽⁹⁾ Among current smokers and former smokers who have been abstinent for less than 12 months.

⁽¹⁰⁾ Among current smokers and former smokers who have been abstinent for less than 12 months, and who visited a HCP during the past 12 months.

⁽¹¹⁾ Includes nicotine replacement therapy and other medications such as Champix and Tabex.

⁽¹²⁾ Consultations in healthcare facilities, including specialized offices on how to quit smoking.

⁽¹³⁾ Includes acupuncture or reflexology, and psychotherapy, such as coding or hypnosis.

⁽¹⁴⁾ Other includes switching to smokeless tobacco and any other specified methods.

⁽¹⁵⁾ Interest in quitting smoking includes current smokers who are planning to quit within next month, thinking about quitting within next 12 months, and who will quit someday, but not in the next 12 months.

⁽¹⁶⁾ Among those who believe that smoking causes serious illness.

⁽¹⁷⁾ Those that believe indoor smoking should be prohibited at all of the following places: workplaces, universities/institutes/colleges, schools, healthcare facilities, restaurants, bars, and cafes/cafeterias.

⁽¹⁸⁾ Among current manufactured cigarette smokers.

*Among all adults.

† In the last 30 days.

For notes

For notes

For notes
