Table 1  Beliefs about the safety of cigarette filters and the problem of filter fibre fallout

<table>
<thead>
<tr>
<th>Question</th>
<th>Smokers n (%)</th>
<th>Former smokers n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you think a filter makes a cigarette safer than the same cigarette</td>
<td>Yes 30 (58)</td>
<td>No 22 (42)</td>
</tr>
<tr>
<td>without a filter?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you ever noticed if the filter material comes off your filter tips?</td>
<td>Yes 3 (6)</td>
<td>No 49 (94)</td>
</tr>
<tr>
<td>Have you ever heard of any research on whether filter material can get into</td>
<td>Yes 11 (21)</td>
<td>No 42 (79)</td>
</tr>
<tr>
<td>smokers’ lungs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If cigarette filter fibres are inhaled into the lungs or eaten, would you</td>
<td>Yes 47 (90)</td>
<td>No 5 (10)</td>
</tr>
<tr>
<td>consider this an additional health risk beyond the exposure to tobacco</td>
<td></td>
<td></td>
</tr>
<tr>
<td>itself?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you were to learn that some of the filter material is inhaled into our</td>
<td>Yes 26 (50)</td>
<td>No 27 (50)</td>
</tr>
<tr>
<td>lungs, would this new knowledge increase your chances of quitting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If cigarette fibres become loose, and the cigarette companies are aware</td>
<td>Yes 53 (100)</td>
<td>No 0 (0)</td>
</tr>
<tr>
<td>of this, do you think they have an obligation to warn the public about this?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

purchased at least one packet of tobacco were recorded as regular smokers. This methodology was pilot tested in two correctional facilities (by comparing with observed number of smokers) and was found to provide an objective and reliable estimate of smoking prevalence.

Of the 5959 inmates who submitted shopping lists during the study period, 4294 (72%) were found to have purchased at least one packet of tobacco. Smoking prevalence ranged from 45–97%, with facilities at both extremes housing male, minimum security inmates.

Smoking prevalence was significantly higher among females (n = 524/402; 81%) compared with males (n = 3980/5575; 71%) (p < 0.001, 95% confidence interval (CI) 5.85 to 14.15).

In the studies using ICD-10 Diagnostic and Statistical Manual of Mental Disorders classifications, only data according to ICD-10 are presented. The prevalence of lifetime smoking (cigarette and ex-smokers) in our sample was 72.3% in men and 2.5% in women, which was slightly more than the average rate of smoking in Russia. Sixty-nine per cent (68.8%) of men and 2.3% of women were current smokers. The rate of heavy smokers (52.7%) was similar to the rate of heavy smokers (50.5%). Heavy smokers were defined as those who smoked 15 or more cigarettes per day. Nearly 60% of ever smokers had attempted to quit, but only 5% had been abstinent for more than one year.

We found an association between tobacco use and ethnicity. Russian men were more likely to be current smokers than Udmurt men (78.7% vs. 64.4% p < 0.001), although no association between the ethnicity and tobacco dependence was found. This suggests that Udmurts may be more vulnerable to tobacco dependence than Russians. A similar relation has been found for alcohol dependence.1 In Udmurt men there was a significant association between tobacco dependence and alcohol dependence (odds ratio 2.59, 95% confidence interval 1.39 to 4.88).

Our data also support an association between tobacco use and suicidal behaviour.1 A significant association was found between tobacco smoking and suicidal behaviour in 19 Udmurt men of whom 17 (89.5%) used tobacco (p = 0.048). Three of the four Russian men who had attempted suicide were cigarette smokers.

Tobacco is a leading cause of avoidable death in Russia.1 The risk for smoking attributable morbidity and mortality increases the earlier in life smoking begins.3 In our study, more than half of all smokers (58%) had begun to smoke regularly before they were 20 years old, and 86% before 25 years old. The majority of smokers had a long duration of smoking: 95% of smokers had been smoking regularly for five years or more, and 72% for 10 years or more. Moreover, the majority of smokers in our sample used cheap low quality cigarettes without filters that have high nicotine and tar contents, that also increase considerably the risk of mortality.4 The findings of this study highlight the urgent need for a more effective tobacco control policy in the region of Udmurtia. The various public health measures that may help to reduce smoking, particularly among the young men, should be vigorously applied.

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1 World Health Organization. Composite international diagnostic interview. 1993.18

Patterns of tobacco use in rural Udmurtia

Environ—The purpose of the current study, which was carried out in 1995, was to explore the prevalence of mental disorders, including tobacco use, in Udmurtia. Udmurtia is a former Autonomous Soviet Socialist Republic that currently is a Constituent Republic of the Russian Federation. According to the census of 1989, the population of the republic is about 1.6 million. The total rural population is 485 890, with the majority of the population being of Udmurt (57.8%) and Russian (37.1%) ethnic origin. The Udmurts are similar to Estonians, Finns, and Hungarians in that they belong to the group of Finno-Ugric nations.

The study sample of 895 subjects was drawn by systematic random sampling from the lists of rural inhabitants in the age range 18–65 years. In order to explore tobacco use patterns we used a Composite international diagnostic interview 1.1 which was designed for assessment of mental disorders (including tobacco dependence) according to the criteria of the International classification of diseases, 10th revision (ICD-10), and the Diagnostic and statistical manual of mental disorders, third edition, revised (DSM-III-R). As in our study tobacco dependency showed near equal distribution between both classifications, only data according to ICD-10 are presented.

The prevalence of lifetime smoking (current and ex-smokers) in our sample was 72.3% in men and 2.5% in women, which was slightly more than the average rate of smoking in Russia.6 Sixty-nine per cent (68.8%) of men and 2.3% of women were current smokers. The rate of heavy smokers (52.7%) was similar to the rate of heavy smokers (50.5%). Heavy smokers were defined as those who smoked 15 or more cigarettes per day. Nearly 60% of ever smokers had attempted to quit, but only 5% had been abstinent for more than one year.

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policy issues and Thailand, making them particularly useful in Asia and for low to middle income countries. Hatai Chitanondh has put together a personal retrospective tracing events over the nearly three years (1989-92) it took to pass two Thai comprehensive tobacco control laws. This occurred during and after Thailand resisted the 301 provision on the US Trade Act threatening trade retaliation if Thailand failed to open its market to US cigarettes. When the General Agreement on Tariffs and Trade (GATT) decision required Thailand to open its market, there was an unwritten understanding in Thailand that there would be immediate legislation to limit the impact of the resulting market expansion. It was far from clear what kind of tobacco control legislation could be passed, considering limited past legislation and the political circumstances of the time.

Thailand’s long fight to resist entry of foreign cigarettes was primarily a defensive effort, while the passage of the two laws was a visible, positive initiative reflecting strong resolve and an emerging tobacco control direction. Chitanondh’s book shows who the players in this effort were and how they succeeded in passing two complementary tobacco control measures with sweeping articles on advertising, sales and marketing as well as environmental provisions prohibiting or limiting public smoking.

The main thrust of the book involves the processes of political education and strategising. While provisions of the two laws are mentioned, the specific content of the legislation is not discussed in detail except when it is controversial—that is, contested by opponents.

The second book was written by researchers from the London School of Hygiene and Tropical Medicine. They conducted a political analysis funded by the Tobacco Free Initiative of the World Health Organization. Their political economy approach from social context, organisational, and personal features of the tobacco control situation in Thailand and Zimbabwe. These case studies were part of the second phase of their policy investigation whose purpose includes contributing to the PCTC (Framework Convention on Tobacco Control) process of the WHO and the development of guidelines to assist policy research in other low and middle income countries.

Since the purpose is a deeper understanding of the quantitative facts and figures shown in the numerous tables, figures, and appendices of this volume, qualitative interview methods were used along with position mapping to illuminate tobacco control policy efforts. “Tobacco control issues were analysed across categories of tobacco production, consumption and health promotion.”

An identified key future action is the passage of the enabling bill for the Thai Health Promotion Bill now before the National Assembly. As identified in both books, actions of non-governmental organisations (NGOs) are likely to be central. Thus, I found it interesting that the case report editors feel that academic research institutions are preferable for further research. In fact, the majority of the case findings in the Thai case report come from NGOs (Action on Smoking and Health, and the Thailand Health Promotion Institute) and their leaders. In Thailand, to exclude the research capability and/or information from NGOs would be a mistake.

In another respect, I wonder if the call to expand political economy studies and a broader international strategy for tobacco control research is being considered in light of the larger situation. The utility of the expansion of this kind of research must be balanced with the already recognised need to fund advocacy programmes to get timely policy adoption using accepted best tobacco control methods. Frankly, it is often more palatable for countries and funders to study tobacco control policy than to be responsive to strategic opportunities for policy adoption.

I found a lot of useful information in these two slim volumes. Tobacco control can be viewed both as an art and a science. Hatai Chitanondh deals with the strategic art while the case study report presents an important policy analysis that is useful in policy formulation. Both views benefit by focusing on the essential goal of policy change and including all that seek it.

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