

Alcohol Abuse and Alcoholism in Russia

Sergei V. Jargin*

Peoples' Friendship University of Russia, Clementovski per 6-82; 115184 Moscow, Russia

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The alcohol misuse in Russia is well known; but there is a tendency to exaggerate it, which is evident for inside observers. The exaggeration tends to veil shortcomings of the health care, with responsibility for the low life expectancy especially among men (Zatonski & Bhala, 2012) shifted onto the patients, that is, self-inflicted diseases caused by excessive alcohol consumption. During the anti-alcohol campaign (1985-88), a widespread consumption of non-beverage alcohol was observed: perfumery and technical fluids such as window-cleaner. Considering the large scale of the window cleaner sales in some areas e.g. in Siberia, it was knowingly tolerated by the authorities. The alcohol consumption predictably increased after the anti-alcohol campaign. Following the abolition of the state alcohol monopoly in 1992, the country was inundated by alcoholic beverages of poor quality, sold through legally operating shops and kiosks. During the 1990s, alcohol was massively transported to Russia from Georgia; the author observed a huge line of tank-lorries queuing at the border. We do not know, from where this alcohol came to Georgia - it was said that it had been imported from other countries. This alcohol was used for manufacturing not only of vodka but also of other beverages including wine. The Caucasus has been known as a nationwide source of cheap alcohol. It is a well known fact in Russia that legally sold alcoholic beverages often caused up to severe and lethal intoxications. The following absolute numbers of cases of lethal poisoning with alcohol-containing fluids were reported: 1998 – 21,800, 1999 – 24,100, 2000 – 27,200; another increase of lethal poisonings was in 2006 (Pelipas & Miroshnichenko, 2011). The unrecorded figures were certainly much higher, as many cases with undiagnosed diseases, unnatural causes of death including poisonings etc., have been misclassified as resulting from cardiovascular diseases (Davydov et al., 2007; Jargin, 2013b). In the National Manual of Medical Toxicology (Ostapenko & Sentsov, 2014) an example is given that sales of diluted disinfectant in vodka bottles resulted in 12,611 cases of hepatotoxicity with jaundice including 1,189 lethal cases during the period August-November 2006. About a half of the cases of lethal intoxication by alcohol-containing fluids in some areas during the 1990s were reported to be caused by legally sold beverages, while in many lethal cases a low blood alcohol concentration was detected (Nuzhnyi, Kharchenko, & Akopian, 1998).

Considering the above and previously published (Jargin, 2010a; 2013a) arguments, certain policies contributed to the high mortality among workers, paupers, and other social groups. Considering that younger generations drink visibly less today, some people name it parricide (Jargin, 2014); certainly, it is a matter of definition, how to name the policies predictably causing enhanced mortality. Apart from alcohol, limited availability of modern health care is an obvious cause of the relatively low life expectancy in Russia especially among men, who are visibly underrepresented among visitors of governmental polyclinics. In the author's opinion, it would be no exaggeration to speak about sexism in Russian health care today. Middle-aged and elderly men are sometimes visibly disadvantaged if they are not war

veterans. There are however misgivings that that the veteran status, which gives considerable advantages in the everyday life and health care, has been awarded gratuitously to some individuals from the privileged milieu.

As discussed previously (Jargin, 2010a), veiled propaganda of alcohol consumption was perceptible through 1970-1985 and probably took place also earlier as the state was dependent on alcohol revenues. Retrospectively, it has become clear that the anti-alcohol campaign (1985-88) was exploited for economical and political purposes. Its failure and the recoil-effect were predictable and occurred when it was required: the increase in consumption after the campaign facilitated the economical reforms of the early 1990s serving as an "anesthesia" during a surgery. Alcohol abusers tend to experience emotions of shame, guilt and to have a low self-esteem (Scherer et al., 2011; Potter-Efron & Carruth, 2002), therefore being easier to manipulate and to command. Workers and some intelligentsia did not oppose privatizations of factories and other state property partly due to their drunkenness, involvement in workplace theft and other illegal activities, e.g. use of the factories' equipment for private purposes, which was often tolerated by the management at that and earlier time.

In regard to the health care, medication costs for an outpatient treatment are not covered by the medical insurance in Russia. Modern therapy is hardly available for many people. Irregular treatment of hypertension has been a major problem in the former Soviet Union (Roberts et al., 2012), obviously contributing to the cardio- and cerebrovascular mortality. At the same time, it is well known that diagnoses of cardiovascular diseases have often been written on death certificates as causes of death in unclear cases (Davydov et al., 2007), increasingly since 1990 together with deterioration of the autopsy service and the health care in general (Jargin, 2013b). Overestimation of the cardiovascular mortality on one hand and of its cause-effect relationship with the alcohol consumption e.g. in (Nuzhnyi, Kharchenko, & Akopian, 1998; Vertkin, Zairat'iants, & Vovk, 2009; Paukov & Erokhin, 2004; Nemtsov, 2002) on the other hand, has ascribed many deaths from undiagnosed and untreated diseases, poisonings etc., to alcohol abuse, thus shifting responsibility onto the patients; further details are in (Jargin, 2015).

The curves of the alcohol consumption and mortality, presented in some papers (Razvodovsky, 2014a; 2014b), follow each other quite precisely; but the estimation method of the alcohol consumption is questionable: "The harm indicator series used was alcohol psychosis incidence rate because this indicator depends almost entirely on alcohol consumption" (Razvodovsky, 2014a). This estimation method may be adequate for countries with a stable quality of consumed alcohol, but not for Russia, where the alcohol quality deteriorated after 1985 and further during the 1990s, having gradually improved since 2000 according to our observations. Psychosis-like conditions and other complications may be caused not only by ethanol but also by other substances in poor-quality alcoholic beverages and surrogates. Misdiagnosis of neurological derangements after ingestion of toxic alcohol-containing fluids as psychosis cannot be excluded as well; overdiagnosis of psychosis was known to occur (Jargin, 2011).

*Correspondence regarding this article should be directed to: sjargin@mail.ru



Figure 1.

Olga K. has worked all her life in the town Polyarnye Zori, formerly named Zasheek, near the Kola Nuclear Power Plant, Murmansk area, in the North of Russia. She has often fallen down in the street slipping on ice, and had several fractures. The social environment shows no compassion.

The per capita alcohol consumption has tended to decrease since approximately the last decade (Neufeld & Rehm, 2013). The heavy binge drinking was reported to decline in Moscow and St Petersburg (Perlman, 2010), which agrees with our observations. A similar tendency has also been noticed in some rural areas and small towns, favored by the immigration from the regions with less widespread alcohol consumption, or explained by the fact that local alcoholics have “died out” with fewer successors. During the Soviet period and shortly afterwards, many inebriated persons could be observed in public places. There are not so many heavily drunk people in the streets today. Consumption of vodka and fortified wines has been partly replaced by beer (WHO, 2011) contributing to a decline in the heavy binge drinking pattern. Moreover, the incidence of alcoholism and of alcohol psychoses was reported to have decreased since approximately 2005 (Koshkina et al., 2013).

All said, the conclusion is cautiously optimistic: Russia has made a step from her alcoholic past. However, there is still a need to prevent the human right violations of people suffering from alcoholism and alcohol-related dementia, aimed at appropriation of their residences, other property, etc. (Jargin, 2010b) Unfortunately, we have but to agree with Avtonomov (2014) that alcoholics in Russia have been those “who can be disdained, rejected, hated and persecuted, legally and without sense of guilt” (Figure 1). In conclusion, among the causes of the relatively high mortality especially among men in Russia, not clearly perceptible from the literature, are the limited availability of modern health care, and toxicity of some legally sold alcoholic beverages, acknowledging that there has been a tendency of quality improvement of sold alcohol since approximately the last decade.

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