

Alcohol and Drugs In Russia:

A World View

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Introduction

The recent political changes in The Commonwealth of Independent States (CIS), formerly called the Union of Soviet Socialist Republics (U.S.S.R.), and the collapse of the soviet system has radically altered and worsened the lives of its people. This change for the worse is due to severe economic hardship, loss of moral values, lack of faith in the government, lack of efficient medical care increasing infant mortality, and consumption of cheap, non-distilled, and often toxic poison beverages (Segal, 2000).

This change has resulted in international concern and media exposure. The following sections examine the role and impact of alcohol and substance use in a collapsed political nation. These rapid and extreme economic, political, and social shifts have given rise to deep apathy and lack of hope for the future. This pessimism and social depression breeds the environment and culture for illicit drug use.

Brief Profile of Country

Even after the break up of the Soviet Union, the Russian Federation (*Rossiskaya Federatsiy*), in geographic size, is still the largest country in the world. Russia covers more than 11% of the earth surface (17,075,200 square kilometers/6,592,770 square miles). Of that, only 7.8% is arable land. Russia extends north to the Arctic Ocean and stretches east to the Pacific Ocean. This location gives Russia the longest continuous coastline (37,650 kilometer/23,400 miles) of any country in the world. Even so, Russia has almost no year-round oceanic ports because most of the coastal waters are frozen for most of the year.

Permafrost, or permanently frozen subsoil, is found throughout the northern region, providing limited sustenance to plants. Forests cover 45% of Russia. These forests account for nearly 25% the world's forest area.

Russia contains the greatest mineral reserves of any country in the world. It is especially rich in mineral fuels, including petroleum and natural gas.

The People of Russia

The majority of the 146,861,022 people (1998 estimate) live in European Russia. Although, more than 100 nationalities make up the population, Russians account for 82%. The official language is Russian. Minorities include Tatars, Ukrainians, Chuvash, Belarussian, Bashkir, and Chechen.

Russian Orthodox Christianity is the primary religion, with an estimated 35 million adherents. The Russian Orthodox church has played a major role in Russian history that goes back more than 1,100 years.

Russian population has been shrinking since 1992, it could fall to about 120 million by 2050. It fell by nearly 500,000 in 1996 (McRae, 1997). Populations figures in mid-1995 released by the Ministry of Labor, indicate that between 1960 and 1995, about 66% of Russia's small villages (those with fewer than 1,000 residents) disappeared. Of the 24,000 that remained in the mid-1990s, more than 50% of the population was older than 65 years of age (Traynor, 2000)

Education

The Russia Federation inherited a well-developed system of education from the Soviet Union. The Soviet government operated virtually all the schools in Russia. It had an extensive network of preschool, elementary, secondary, and post secondary schools. The Soviet educational philosophy was simple. The teacher's job was to transmit standardized materials organized around socialist ethics. The student's job was to memorize those materials.

Soviet communist ethics stressed the primacy of the collective over the interests of the individual. Consequently, creativity and individualism were not valued in the Soviet system of education. Even before the fall of communist Russia, the educational reform programs in the 1980s called for new curricula, textbooks, and teaching methods. The idea was to develop schools that could better equip Soviet students to deal with a modern, technologically driven economy that Soviet leaders believed would be the trend in the future. However, because of a lack of funding, educational facilities generally were inadequate, overcrowding was common, and equipment and materials were in short supply. The schools and universities could not supply the skilled labor needed in almost every sector of the economy.

At the same time, Russian young people became increasingly cynical about the Marxist-Leninist philosophy, as well as the stifling of self-expression and individual responsibility.

The collapse of the Soviet system and *glasnost* did what the education reforms in the 1980s could not do. The collapse opened the door for change in the curriculum. These changes included the teaching of previously banned literary works and a reinterpretation of Soviet and Russian history. In 1995, 2.21% of government expenditures went to education.

Economy

Russia's economy was severely crippled when it moved from the communist system, where prices are controlled by the central government, to a market economy, where prices are determined by industry and the supply and demand of the products. Although the move toward a market economy was met with widespread resistance, it did not stop the economic change from taking place.

As the market system developed, many people found themselves out of work. Unemployment in 1996 was reported to be 9.3%. Another 46.5 million people (31%) had incomes below the poverty level. The GDP per person in 1996 was \$2,980 (U.S. Dollars) (Bureau of European Affairs, 2000).

During this period, many Russians experienced unemployment for the first time. Particularly, middle aged workers found it difficult to adjust to the loss of the cradle-to-grave social security provided by the Soviet system. The gap between Russia's "haves" and "have-nots," continues to grow. In the new economic system, the "haves" were distinguished by skills, audacity, and connections to influential people (Bureau of European Affairs, 2000).

Worker Benefits

Russian law provides numerous protections that meet the needs of adolescent mothers and all women of childbearing age. This legislation merges family policy and employment policy to assist mothers and families. Women who are employed are entitled to paid maternity leave from 70 days prior to giving birth until 70 days afterward. Despite what may look like generosity from the State, maternity leave salary and benefits are based on the Russian minimum wage, not on a woman's current wage. This increases the cost of childbearing to the mother and family.

A portion of Russian workers have entitlements to housing, child care, and paid vacations, regardless of their rank within a company. Housing entitlements involve either outright provision of a low-rent apartment, or cash or in-kind housing. Furthermore, occupants obtain an ownership right to the apartment extending beyond their employment and into retirement. They may also have the legal title to the apartment transferred to their own name without paying any purchase price

The Social Insurance Fund that administers the payment of benefits is managed by the largest union organization in Russia, the Federation of Independent Trade Unions of Russia (Federatsiya

nezavisimykh profsoyuzov Rossii--FNPR). Employers contribute 5.4% of the total payroll to fund the benefits.

At the end of 1995, some 8,200,000 people were registered as unemployed. The true number is thought to be much higher. In 1998, about 5,000,000 people were unemployed. The "new poor," according to the World Bank, far exceeds the resources available in Russia for social welfare. The communist system, with all of its problems provided universal employment. Without a job, able-bodied citizen did not have access to social security benefits. In post communist Russia, unemployment and the lack of funding for basic social services is openly acknowledged (Bureau of European Affairs, 2000).

Alcohol, Narcotics, and Tobacco

Russia's rate of alcohol consumption has been among the highest in the world since people started counting. Yet, alcohol consumption increased throughout the 1990s. Alcoholism, particularly among men, is the third leading cause of death after cardiovascular diseases and cancer. Periodic government campaigns to reduce alcoholism have resulted in thousands of deaths from the consumption of illegal alcohol called *samogon* (homemade vodka similar to the American version, moonshine).

The last campaign to reduce alcoholism was undertaken by Mikhail Gorbachev's administration between 1985 to 1988. The government efforts failed and public anger over the restrictions on the amount of vodka one could purchase and the increase in Vodka's cost contributed to Gorbachev's failure to win reelection. By 1987, the production of *samogon* had become a large-scale industry, depriving the State of tax revenue. When restrictions were eased in 1988, alcohol consumption exceeded the pre-1985 level. One study suggested that between 1987 and 1992 the annual per capita consumption of alcohol rose from about 11 liters of pure alcohol to 14 liters in 1992. Consumption in the late 1990s was estimated to be 15 liters of pure alcohol per Russian. The World Health Organization standards suggest that

over 8 liters of pure alcohol per person per year is likely to cause major medical problems. In 1994 about 53,000 Russians died of alcohol poisoning, an increase of about 36,000 over the number of deaths in 1991 (Bureau of European Affairs, 2000).

Crime

In 1994, Russia as a nation averaged 84 murders a day. Many of those were contract killings attributed to criminal organizations. The 1995, the national crime total exceeded 1.3 million crimes, including 30,600 murders. Crime experts predicted that the murder total would exceed 50,000 before the 21st Century.

Crime statistics from Moscow in 1995 listed a total of 93,560 crimes. There were 18,500 white-collar crimes--an increase of 8.3% over 1994. Swindling increased 67.2%, and extortion increased 37.5%. Murder and attempted murder increased 1.5%, rape 6.5%, burglaries 6.6%, burglaries accompanied by violence 20.8%, and serious crimes by teenagers increased 2.2%.

After the collapse of the USSR, Russia became a major conduit for the movement of drugs, contraband, and laundered money between Europe and Asia. In 1995 an estimated 150 criminal organizations with transnational links were operating in Russia (Bureau of European Affairs, 2000).

Prisons

Labor camps are strict-regime camps where inmates worked at the most difficult jobs, usually outdoors, and received meager rations. The system of corrective labor was viewed by Soviet authorities as successful because of the low rate of recidivism.

Prison reforms in 1989 emphasized rehabilitation and attempted to "humanize" the *Gulag* system. Nevertheless, there were few changes in the treatment of most prisoners in the *Gulag* system.

In 1994 the estimated prison population was more than 1,000,000 people. Of these about 600,000 were held in labor camps. Of those in labor camps, about 21,600 were women and about 19,000 were adolescents. About 50 were imprisoned for violent crimes, 60% were repeat offenders, and better than 15% were alcoholics or drug addicts. The population of Russian prisons exceed the capacity of those facilities by an average of 50% (Bureau of European Affairs, 2000).

While the average Russian gained greater individual freedom from arbitrary government intrusion, after the fall of the USSR, they have been plagued by a crime wave that gets worse with each passing year. Without effective law enforcement, Russian society

continues to be an inviting target to criminals in Russia as well as around the world.

Vignette

The Court, following a robbery attempt, referred Dimitri, a 16-year-old boy for counseling. His family consisted of his mother, Mrs. Polsky, Dimitri's 18-year-old brother, and his stepfather Mr. Polsky. The family lives in an apartment in a large city. Mr. Polsky works as an engineer at the electric utility while Mrs. Polsky works grooming dogs. Due to hyperactivity and learning problems, Dimitri attended a special education class in a public school. He had behavioral outbursts and had difficulty communicating with his stepfather. During the course of therapy with Dimitri and his mother, it became apparent that Mr. Polsky had been constantly abusing his wife and children, especially when drinking. The verbal and physical abuses were seen as normal within the family. Although severely beaten at times, Mrs. Polsky denied any family problems and claimed that her husband was just a little too rough.

It was only following an episode in which Mr. Polsky, who was severely drunk, threatened his wife with a knife, and her older son called the police, that Mrs. Polsky admitted that there were problems in her family. She agreed that her husband was probably an alcoholic, but she felt that nothing could be done about it. Mrs. Polsky became teary when talking and asked for

help. At this time, she became fearful that her husband would find out that she broke down and told the authorities about the family.

For a short while following this incident, Demitri took a "BB" gun and began to shoot people on the street from his apartment window. At this point, the mother finally agreed to participate in a women's group, and the stepfather agreed to "do something about his drinking," although he still denied that his alcoholism caused his family any trouble. While "willing" to address the drinking issue, the stepfather is trying to stay sober although he refuses to attend an AA group. He views his hard drinking as appropriate behavior for any Russian man. However, after the counseling, the stepfather was able to stop abusing his step-son and wife.

Demitri was placed in a special school for emotionally disturbed children and prescribed medication. Very slowly, this family began its recovery process. The healing process is taking much longer than it could have due to the cultural acceptance of hard drinking and domestic violence among Russian families.

Overview of Social Issue and Basic Demographics

In a country where a person frequently hears the word 'krizis' (crisis) in daily conversation, the following facts will help to describe this environment. Russian life expectancy in The Commonwealth of Independent States (C.I.S.) has fallen dramatically in the last 10 years (Wines, 2000). The average life span for both sexes (65.9 for both sexes, 59.9 for males, 72.4 for women) is about 10 years less than in the United States (77.0 for both sexes, 74.1 for males, 79.7 for females) and is comparative with levels of life expectancy in Guatemala. Historically, the high incidence of alcoholism in CIS, that is, the consumption of vodka, remains one of the highest in the world (Segal, 1990) and is cited as part of the reason for the ongoing health crisis.

Other health care concerns include the massive increases in smoking, increases from suicides from alcohol-related causes, and an almost 60% increase in infectious and parasitic diseases (Wines, 2000). Heroin use has proven the deadliest catalyst in this epidemic. The sharp rise in drug use and encouraged needle sharing has spread H.I.V. and AIDS throughout the nation. Today, a region that a decade ago hardly heard of AIDS and HIV has recorded 5,000 new cases and more than 8,500 registered drug

addicts. These are the official statistics. True figures could be 10 times as great (Wines, 2000). Combine these problems with obsolete medical and social services, and you can begin to grasp the complexity of the situation.

History and Social Context

Exploring the historical and cultural heritage of excessive drinking and drug use in the C.I.S. reveals that cultural, social, economic, and ideological aspects of the former Soviet Union have implications for therapeutic interventions. Traditionally, the ability to drink large quantities of alcohol was seen as a sign of manhood and power (Segal, 1987). According to the Kievian Grand Prince Vladimir, "Drinking is the joy of Russia, we cannot do without it" (Segal, 1987, p. 9). Bruised and battered after many years of totalitarian regimes under Lenin, Stalin, Kruschev, Brezhnev, and other leaders, the Russians have kept their souls buoyant with the ever-present bottle of vodka as a symbol of friendship, community, and hospitality (Kagan & Shafer, 2001).

Discussing alcohol and drug abuse openly as a social problem was forbidden in the years of Stalinism. It was simply regarded as a problem that should simply not occur in a communist society, and if present was caused by the class enemy or sickness. For this reason, there is no empirical research into drug abuse and what was known was kept secret from the public. Currently, obtaining recent data on the per capita consumption of alcohol and drug use among the former republics is in its infancy.

Information is limited. From the 1950's to the 1970's, a group of Soviet researchers studied the problem of alcoholism through a national survey. However, most of the research was banned, considered propaganda, or was censored (Segal, 1990).

Recent Soviet history can be divided into three major periods:

- 1) the stagnation period or period of slow erosion, associated primarily with the Breshnev era;
- 2) the Period of Perestroika and Glasnost, or reconstruction and openness (often referred to as the period of dismantling and dismay) under Gorbachev; and
- 3) the collapse of Communism and the Soviet Union (which is viewed by this writer as total disillusionment and consequential disorientation) under the current leadership of Boris Yeltsin (Kissin, 1991).

Each of these periods may be examined in terms of their impact on social attitudes, norms, behaviors, and values of the former Soviet citizens.

The period of slow erosion lasted from 1960 until the mid-80s. This period created a response of significant cognitive conflicts and social isolation. There was mistrust toward authority figures and society while the Soviet individual grasped to maintain Russian family values, traditions, belief, and hope for a better Communist way of life. On the emotional level, hostility was suppressed because it was unsafe to express it

openly. Behaviorally, there was a tendency toward general passivity along with attempts to utilize and manipulate the system to obtain basic human needs and services such as food, housing, and medical care. The period of slow erosion, supported by intense rituals of heavy drinking, created an image of the national Russian character. This normalized heavy drinking in the Soviet culture.

Then in the name of reforms that would modernize, humanize, and ultimately save Soviet socialism, Mikhail Gorbachev opened the Iron Curtain and came to power in 1985. Gorbachev provoked the Soviet people to begin taking their destinies into their own hands. He called this vast undertaking "perestroika" and like other politicians chose to use this slogan to launch his political campaign to modernize, and readapt Soviet Socialism without dismantling the system founded by Lenin. The term "perestroika" meant "reconstruction" and Gorbachev set out to purify and renew a corrupt and failing socialist system (Smith, 1991).

The period under Perestroika and Glasnost, beginning with Gorbachev's rise to power in the mid-1980s, opened previously censored doors to the West. This opening led to the exposure and international awareness of the crimes and abuses of previous

political leaders, and the ineffectiveness and poverty supported by the current one. Psychological reactions during this period included disillusionment with the Communist ideology and hope for the emergence of some democratic values. Emotionally, there was much fear and anxiety about the future of Russia as well as feelings of being fooled, manipulated, and victimized by the leaders of their beloved country. Many began to question traditional family values and ties. Many began to publicly express hostility towards authority. Behaviorally, physical confrontation and violence became more prevalent (Kagan & Shafer, 2001). Other social values were challenged during this period leading to an increase in extra-marital affairs, in substance abuse, and in drug addiction among teenagers. Most recently, open sexual promiscuity, prostitution, and freedom of sexual expression have increased the prevalence of and contributed to the spread of HIV and AIDS (Specter, 1997).

The last seven years in the C.I.S. have been characterized by the collapse of the Soviet System. The cognitive response to this can be described as one of confusion and disorientation. Nationally there is more mistrust of the government and political leadership. Rumors of Boris Yeltsin's ill health because of his alcoholism, and widespread corruption, notably the Russian mafia,

contributed to the current international political and economic scrutiny. Despite promises to fight corruption, President Vladimir Putin refused to hand over documents that detail possible money laundering in the billions by Kremlin authorities. Putin's seeming protection and granting Yeltsin immunity from prosecution seem to support the "old order" (Kelley, 2000).

On an emotional level, the reaction has been one of panic and fear. Behaviorally, there is a hoarding of material possessions and an unprecedented desire and opportunity to flee Russia (Kissin, 1991). Therefore, the decline of traditional beliefs and values, spiritual emptiness, and interrupted societal development are forcing former Soviets to abandon their roots, ideologies, and ethics in search of new promises and guarantees of quality living. These factors are commonly associated with the escapist reactions that provoke increased alcohol and drug abuse among the Russian population.

Substance Abuse Today

For many years, bingeing was characterized as the Russian style of drinking. Consumption of large quantities of liquor in short periods, without food and often in solitude, increased the propensity for alcoholism (Kagan, 1992). An estimated 60% of the work force is said to abuse alcohol and alcoholism is officially considered the number one health problem among the population there (Anderson, 1992). For instance, in 1990, in St. Petersburg alone there were approximately 80,000 substance abusers, predominantly alcoholics, and 60,000 suicides, many of which were alcohol-related. Moreover, there were 19,000 deaths from acute alcohol poisoning, and of 22,000 murders, 80% were alcohol-related (Yandow, 1992). In Moscow, about 145,000 patients were registered in the city's Narcological (alcohol and drug abuse) treatment centers in 1992. Of these patients, 95% were in the most acute stage of the disease, and about 10% of all registered patients were women. One in every 10 people who requested anonymous treatment was a teenager (from an interview with Dr. E. Drozdov, the head physician at Moscow's largest Narcological Hospital No. 17, 1992).

Many heavy drinkers, who would be classified as alcohol dependent in Western countries, go undiagnosed and untreated in

Russia. The Soviets classified a heavy drinker as anyone who goes on drinking binges and is alcohol-dependent, but does not meet the criteria for a chronic alcoholic. A conservative estimate of chronic alcoholics in Russia is about 15 million; the number of heavy drinkers is three or four times higher (Davis, 1994).

Official Soviet statistics regarding social problems were often unreliable and thus, difficult to believe. Segal (1990) indicates that official figures on alcohol consumption are still only estimates due to reliance on old Soviet government data. According to the substance abuse literature, the most recent accurate account of the state of alcohol and drug treatment is not based on empirical research but on impressions of professionals traveling to treatment facilities (Farmerie, 1992; Yandow, 1992). However, the estimated per capita consumption of alcoholic beverages in the U.S.S.R. in 1985 was eight times higher than the per capita consumption before the 1917 Revolution, and three times higher than reports on consumption in the United States. The rate of violent alcohol-related crimes is 10.5 times as high as that of the United States. The Soviet legal system cannot restrict the illegal production of samagon, or moonshine, which is similar to the struggles during

prohibition in the United States. The reduction of work productivity in the Russian economy due to alcoholic drinking is estimated to be six times that of the United States' (Segal, 1990).

Currently, there is an escalated use of marijuana, cocaine, heroin, and prescription drugs. In addition, there are significant increases in sniffing inhalants such as glue, paint, and home made synthetic drugs among adolescents.

Social Views, Customs, and Practices

In order to understand why Russians drink, it is important to understand how they drink (Segal, 1990). The Russian drinking style is an expression of the Russian spirit, courage, escapism, generosity, and even irresponsibility. The role that alcohol and drug use plays in the life of Russians is unprecedented and cannot be compared to any other culture.

Many times, it has been said that vodka is the lifeblood of the Russian culture and, conversely, that drinking is the Russian curse. Russia has been called the land of the endless toasts and a nation of male bonding through the vodka bottle. The Russians are known to have a rigorous social etiquette requiring that once a bottle of vodka is open, it must be drunk until empty.

The whole notion of autonomy, empowerment, and self-awareness, which are key ingredients of psychological interventions, were not considered attributes of a healthy mind under the Soviet system. Solidarity with collective goals and adherence to communal social values were the criteria established for the development of a healthy personality (Marlin, 1990). Therefore, individuals received conflicting messages from society. The Soviet system advocated child rearing practices which only frustrated young citizens' attempts to successfully attain autonomy and self-reliance.

The insidious process of manipulation within the Soviet totalitarian regime emphasized the loss of individuality and immersion in the societal group. Opposition or deviation from this societal norm was punishable by execution, imprisonment, ostracism, or economic and political restraint. This reality reinforced, and often dictated, a social style, which is often associated with pre-alcoholic personality traits (Segal, 1986). These traits include: a high level of cultural/national dissonance, a mixture of passive aggressive behaviors towards authority figures, difficulties in interpersonal relationships, low self-esteem, and feelings of boredom, loneliness, and hopelessness.

Exploration of the origins of loneliness and despair among individuals, particularly in Russia, suggests that substance use is a coping mechanism to handle feelings of isolation and alienation. Because Soviet citizens were deprived of the freedom of expression and could not reveal their thoughts and opinions publicly, people created a double life. They shared their private thoughts in secret. As a result, double standards were established, no one is trusted, and the kitchen culture was created where a night in the kitchen (usually with a bottle of vodka) was the only safe place to discuss political issues and share one's personal problems (Kagan, 1992).

Since the Soviets could not imagine expressing their feelings openly, they did not learn the skills necessary to do so. One had to appear cheerful and enthusiastic. One had to always demonstrate support and agreement with political and social issues, even if one genuinely disagreed with them. The Soviet system was always correct, and the capitalistic system, the enemy, was always viewed as "destructive, inhumane, and evil." This paranoid view of the world was promoted in education and in the media. Dr. Olga Marlin, a Czechoslovakian psychologist who now lives and works in New York City, says growing up in this kind of atmosphere can make people feel

divided, guilty, and ashamed (Marlin, 1990). She further indicates that, in the totalitarian society, aggression was projected outside of the main group, to other individuals, groups, or systems (Marlin, 1994). There was a constant search for the external forces, or outside enemies, that were responsible for all the personal problems, misfortunes, social, and economic disadvantages of the nation and its individual citizens.

Since they have been taught to think only of the community, and not of themselves, most drink in groups of three or more companions. The denial of independent thought and feeling is so strong that it is often only through intoxication that they can express their individuality.

Exploring the impact on the family is difficult. For example, as Soviet families feared for their safety, they drank vodka, and secretly discussed and passed on to the next generation reports of executions and random arrests supported by the Communist regime. These private reports conflict with the international public portrayal of the people's commitment and loyalty to "Mother Russia." This propaganda, promoted by the media and the heart-felt loyalty, which the Russians had for each other, created a complex psychic and spiritual conflict. The

picture of the Soviet Union that was conveyed to the Western world, with its abstract notions and simplistic "black and white" thinking, promoted an image of overwhelming submission and obedience, denial, abstractions from realistic thinking, and the suppression of emotions and personal expression. Ironically, Russians used to say, "we live only once, so drink and be happy." This informal slogan can be seen as a protest to the impersonal and hostile world where society itself can play the role of a cold, confused, and ambivalent parental figure (Kagan, 1996).

In the former Soviet Union, abusive interactions in families were culturally acceptable in most regions of the nation. There was an attitude of appropriateness, and even necessity, towards physical abuse by men towards their wives and children. At home, males usually asserted their position of power with beatings and battering. Alcoholic families in Russia were the very core of on-going verbal abuse, emotional neglect, and domestic violence. When alcoholism has become an established phenomenon in the life of a family, there is usually little room to for constructive communication. Alcohol abuse was an outlet for men who beat their wives to relieve them of responsibility for their actions (Gelles, 1974). Victims of family violence stay in the family unit in the hope that the periods between the fights will be

longer and the periods of violence shorter. Thus, drunkenness can provide a time-out period when the norms of acceptable behaviors are disregarded (Grisham & Estes, 1986).

Political Views and Public Policies

Some hold the opinion that Soviet officials were somewhat against alcoholism and drug abuse, but had tolerance for what Russians consider normal or casual drinking. What is considered casual drinking in Russia may be abusive by other standards. This tolerance towards drinking and substance abuse is viewed as a measure of social and political control of the population. It is likely that Soviet authorities took into account that a drunken society is not as likely to organize resistance efforts against dictatorship as a sober one, and that, likewise, a drinking individual is easier to manipulate and control than a sober one (Segal, 1986).

Historically, Narcological clinics in the former Soviet Union were designed to deal with late stage alcoholics and focused exclusively on chronic alcoholism. Treatment models emphasized a biomedical model of addiction and lacked the financial backing to address the national problem of alcoholic drinking. Since the collapse of Soviet Union, the abuse of other drugs has reached epidemic proportions. Narcological clinics have not been prepared for the epidemic of alcohol abuse.

Like other developing nations, treatment and prevention efforts have not been priority among the health concerns of the

central government in the former Soviet Union. Considering the fact that the use of alcohol and other drugs is dramatically increasing, prevention and intervention strategies are urgently needed. The prohibitive and legislative attempts to control drug and alcohol use is not enough to address a national drinking problem. It is well documented, internationally, that punitive, legal, and medical approaches alone do not adequately address substance abuse issues. For example, the attempt of the Soviet government to curtail the sale of vodka by controlling per capita sales in 1985, was similar to the failure of prohibition efforts attempted in the United States.

During this period, administrative measures were established to control purchases per person, as well as hours of operation for liquor vendors. Sobering up stations that were set up in the community often involved criminal penalty for being identified as alcoholic. These punitive approaches exacerbated the problem; illegal alcohol production increased sharply with 40% of the samagon being made in the cities, and the number of closet substance abusers increased proportionately.

The ineffectiveness of prohibition efforts, and the lack of recognition and disregard of the social, psychological, and medical services needed to address substance abuse problems, has

driven the problem from the mainstream to the underground. In the former Soviet Union, alcoholism is not viewed as a family disease, but as a state disease (Kagan, 1996).

The Future of Addiction

Russian clinicians have embraced the disease concept and the medical model of addiction treatment. The traditional Russian model maintains a narrow focus on the substance abuser and consists of detoxification, drug therapy to alleviate withdrawal symptoms, hypnosis or re-coding against substance use, aversive therapy, and Pavlovian behavior modification. Treatment efforts included sobering up stations, a unique Soviet creation for fast detoxification, social humiliation, and in some cases branding the individual as an alcoholic with a total lack of confidentiality, a concept which is unfamiliar to clinicians in the C.I.S.

Alternative, or modern, substance abuse treatment approaches used in Russia include the use of herbal remedies, often associated with folk medicine, hypnosis or coding, and breath work (Shafer, 1997). Dr. Drosdov, Director of Narcology #17 (the largest substance abuse treatment center in Moscow), states that the treatment methods at his facility include special methods to arouse the patient's disgust for alcohol. These techniques include the use of a biological method called "sparing therapy." It is based on the use of amino acids and it is claimed that it has no side effects.

Dr. Balashov, a clinical director of the Adolescent Unit at the same center, identifies the Russian medical model as quite sophisticated, practitioners lack the knowledge and understanding of the social and psychological aspects of the disease (from an interview with Dr. Balashov, 1992). For example, there is a lack of knowledge of enabling and co-dependency, terms often associated with the family's response to substance abusing members. Therefore, professionals tend to view the family members of the substance abuser as suffering victims of substance abuse. Alcoholism, in particular, is seen as an integral part of family life and, unfortunately, an element of very survival in Russian alcoholic families.

Due to years of poor diet and medical care, in the C.I.S. and the Soviet Union, by the time a person reaches the late stages of addiction, he has serious medical problems. Such problems often require expensive prescribed medications, which they cannot afford, and often results in abuse and dependency on the prescribed drugs, or illicit street drugs from the underground and mafia.

Attitudes toward addicts by health care staff are often unfriendly and negative. Therefore, Russian clients do not express an interest and willingness to participate in therapy,

especially substance abuse counseling. They fear being stigmatized, labeled, and punishment from the agencies they turn to for help. Most of all, they fear that exposing their substance abuse problems can affect their status (Kagan, 1997).

Programs offering social and psychological rehabilitation are extremely limited. Medical facilities vary in their approach to treatment. Most interventions are based on pharmacotherapy. There is virtually no psychotherapy, group therapy, or education addressing the addict's thoughts of overcoming addiction, encouraging abstinence, or endorsement of support groups such as Alcoholics Anonymous which remain primarily underground (Shafer, 1994).

Traditional treatment methods based on self-disclosure, trust, and group support appear to be culturally inappropriate for Russian substance abusers (Kagan & Shafer, 2001). The concept of confidentiality is viewed with skepticism and misunderstanding. For example, it is not unusual for a client to say, "I know this is confidential, you explained that to me, but please, don't share what I am about to tell you with anyone." This issue became evident during a training program for clinicians in Kiev, Ukraine and in St. Petersburg, Russia (Shafer, 1994). Former Soviets are accustomed to having their

privacy violated by the KGB and by other authority figures. The former Soviet citizen, seeking help, struggles with trusting the health care professional.

In treatment, it usually takes time and great skill to establish a rapport with Russian substance abusers. They expect a double message similar to the one they received from the Soviet Government. Soviets fear that everything will be reported to the Government. This fear of revealing personal information upon request, especially to officials or persons perceived to be in authority, has historical roots (Kagan & Shafer, 2001).

After the October Revolution in 1917, alcoholics were registered with the government as soon as they were caught by the militia (police) and were sent to sobering-up stations. During the Bolshevik regime, the words "alcoholic" or "drug-addict" were stamped onto the person's domestic passport. After his visit to the sobering-up station, everyone within the person's social circle was informed about the incident. Additionally, the family was made responsible to pay for the involuntary detoxification and a severe warning was sent to his employer (Shafer, 1994).

When a person carries an official label of an alcoholic, it is easy to understand the difficulty of entering a formal treatment setting. In this atmosphere, imagine attending an AA

meeting and sharing feelings in front of strangers (Kagan & Shafer, 2001). Dr. Yandow (1992) and Dr. Shafer (1994) noted after visiting state psychiatric and narcological hospitals in the former U.S.S.R., that schizophrenia and alcoholism were diagnoses given to political dissidents, who were then heavily medicated and guarded by the Russian military and police dogs at treatment facilities.

Conclusions

The earlier period of the Communist Government and reorganization of the Soviet Union has created a culture that is prone to alcoholism and substance use. The continuous changing political and economic climate has made life extremely difficult and, as a result, has encouraged alcohol and drug abuse as an escape.

According to Segal (2000), societal changes, such as urbanization, migration, social disorganization, political unrest, and loss of community support, have set the stage for increases in excessive drinking and substance use. Rapid acculturation can increase maladjustment when exposure to change is greater than the desire for change. Rapid acceptance of values and belief systems from massive tourism and exposure to media from other countries can increase the separation from the group of origin and thus, weaken the support and reliance from primary support groups (Kagan & Shafer, 2001). Despite the fact that the majority of Russians are highly educated and sophisticated, they are unprepared for the absence of ordinary services as socialized housing, childcare, employment, and free medical and dental care provided in the Soviet system. Moreover, Russians tend to be extremely resistant to using traditional

mental health services, due to confidentiality and fears of exposure and can be inappropriately demanding of certain medical services that in the past were readily available to them. The majority of Russians are not ready to recognize various mental health and substance abuse problems as significant, requiring special consideration and treatment.

There are a number of concerns that seem specific to Soviets and now to Russian C.I.S. citizens. These concerns are particularly associated with excessive drinking, drug abuse, and domestic violence. Since the Russian culture is viewed as endorsing heavy drinking, specifically vodka, it seems logical to apply the bio-psycho-social and spiritual models of assessing substance abuse problems. The pressures of cultural fragmentation, mistrust of authority figures, family problems, and migration of people in and out of this formerly closed off society all compound the treatment issues of the Russian substance user.

Communication and the opening of the Soviet borders will provide much needed information. Never before have clinicians in this part of the world had the opportunity for international collaboration, nor have they had the ability to explore Western methods of addiction treatment (Shafer, 1994).

References

- Anderson, D.J. (1992, August 4). Hazelden report: Russia hopes to adapt western treatment methods. Star Tribune, p. 8E.
- Davis, R. B. (1994). International Journal of Addictions, 19(3), 303-309.
- Gelles, R. J. (1974). The violent home: A study of physical aggression between husbands and wives. Beverly Hills, CA: Sage Publications, Inc.
- Grisham, K. J., & Estes, N. J. (1986). Dynamics of alcoholic families. Alcoholism: Development, consequences, and interventions (3rd Ed.) (pp. 303-316). The C.V. Mosby Company.
- Kagan, H. (1992, September) America and Russia: Recovery options at work. Paper presented at the Sixth Annual Great Lakes Conference on Addictions, Indianapolis, IN.
- Kagan, H. (1992, October). Improving refugee access to mental health and substance abuse services. Paper presented at the African/Russian Refugee Conference, Denver, CO.
- Kagan, H. (1994, October). Russian emigre's maladjustment and substance abuse as a social problem. Paper presented at the National Conference on Refugee Resettlement, Washington, DC.
- Kagan, H. (1995-1996). Alcoholism and physical abusive interactions between adult parents and their children. JBFCs: Grand Rounds, 3. New York: Kellner/McCaffrey Associates, Inc.
- Kagan, H. (1996). Between two worlds: Understanding emigre mental health needs. Paper presented at the UJA Federation, NYC.
- Kagan, H. (1997, May). The unique experience of the family oriented treatment program for Russian substance abusers. Paper presented at the 29th annual NASW Alcoholism Institute.
- Kagan, H. (1997, August). Women, ethnicity & substance abuse: Irish, African & Russian-American perspectives. Paper presented at the "Matinee on Broadway", Liberty Management Group, Inc., New York.
- Kagan, H. & Shafer, K. (2001). **NEED CITATION HERE.**
- Kissin, M. (1991, December). Culturally sensitive interviewing in the psychological assessment of Russian refugees. Paper presented at the National Conference on Health and Mental Health of Soviet Refugees, Chicago, IL.

Landau, J. (1982). Therapy with families in cultural transition. In M. McGoldric, J. K. Pierce, & J. Giordono (Eds.), Ethnicity and Family Therapy (pp. 552-572). Gilford Press.

Marlin, O. (1990, Spring). Group psychology in the totalitarian system: A psychoanalytic view. Group, 44-58.

Marlin, O. (1994). Special issues in the analytic treatment of immigrants and refugees. Issues in Psychoanalytic Psychology, 16(1), 7-16.

Paredes, A. (1986). Models and definitions of alcoholism. Alcoholism: Development, consequences, and interventions (3rd Ed.) (pp. 53-66). The C. V. Mosby Company.

Segal, B. M. (1986). The soviet heavy-drinking culture and the American heavy-drinking subculture. Alcohol and Culture: Comparative Perspectives from Europe and America (pp. 149-160). New York: The NY Academy of Sciences.

Segal, B. M. (1987). Russian drinking: Use and abuse of alcohol in pre-revolutionary Russia. New Brunswick, NJ: Rutgers Center of Alcohol Studies.

Segal, B. M. (1990). The drunken society: Alcohol abuse and alcoholism in the Soviet Union. New York: Hippocrene Books.

Segal, B. (December, 16, 2000). Personal communication about current status of substance abuse in Russia.

Shafer, K. (1994). A study of the effectiveness of alcohol and drug abuse training for professionals in Russia and the Ukraine. (Doctoral dissertation, Barry University, Florida, 1994). Dissertation Abstracts International.

Specter, M. (1997, November 4). At a western outpost of Russia, AIDS spreads 'like a forest fire'. The New York Times, pp, A1, A10.

Wines, Michael (2000). Published in the New York Times, April.

Wright, M. K. (1994, Fall). Russians learn about western approach to addiction. Treatment Today, 11-13.

Yandow, V. W. (1992, November-December). Substance abuse treatment in Russia and Hungary. Addiction & Recovery, 42-45.