Discussion

The operation failed, but the patient survived.
Varying assessments of the Soviet Union’s last anti-alcohol campaign

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Abstract

From the mid 1980s mortality levels have fluctuated greatly in the former Soviet Union. After
dropping substantially during the late 1980s, mortality rose to unprecedented levels during the early
1990s. The sharp fluctuations in mortality are commonly linked to variations in alcohol consumption
in connection with the anti-alcohol campaign launched in 1985. This large-scale natural alcohol
policy experiment has produced very mixed appraisal and this article provides a systematic review
of the wide variety of judgments, focusing on goals, implementation, and effects on life expectancy,
alcohol consumption, mortality, crime, etc. Deviant evaluations are in part ascribable to a general
schism between narrowly focused epidemiological perspectives on public health interventions and
broader social science approaches to political reform. © 2001 The Regents of the University of
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“The campaign was a clear failure at all levels.” Sakwa (1990), p. 272

“During the period of Perestroika, in 1985–87, an anti-alcohol campaign substan-
tially reduced alcohol consumption, saving many lives.” Chen et al. (1996), p. 521

Michael Gorbachev is inextricably associated with the demise of the 70-year old
communist Soviet regime, and his concepts glasnost and perestroika have become

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part of everyone’s vocabulary. Most people are less familiar with the fact that Gorbachev started out his tenure by declaring a war on alcohol. The economic performance of the USSR left much to be desired and seemed to be hampered by a growing alcohol problem. Any attempt at restructuring the economy would therefore have to focus on improving productivity. The battle against drunkenness was, then, a necessary precondition for the perestroika reform initiative (Ivanets and Lukomskaia, 1990; Tarschys, 1993).

Even though the battle, which came to be known as the Gorbachev anti-alcohol campaign, has been severely criticized and ridiculed, its benefits are also recognized. As illustrated by the introductory citations, the campaign is alternately termed a success and a failure. In contrast to Levine’s (1999) claim that “there is hardly any significant disagreement over the overall outcome of the campaign” (p. 81), it is my contention that the difference of opinion is both significant and multi-dimensional. The fact that the operation is judged so differently, and that assessments are based on such a variety of criteria, is in itself intriguing. In addition, the disagreement is substantially interesting, as the campaign has become a common reference point in studies of public health in the previous Soviet Union. The campaign’s eventual effects on alcohol consumption are often discussed in analyses of public health developments in the former Soviet Union in the past, present and future. The campaign is, for example, thought to have contributed to the public health crisis during the early 1990s, when average life expectancy at birth in Russia dropped by more than five years (Ryan, 1995; Walberg et al., 1998). Furthermore, this reform is of interest to those concerned with the viability and feasibility of politically directed change and of problems assessing the effects of such change (Mieszowski and Soligo, 1996).

The aim of this article is to present an overview of the varying assessments of the anti-alcohol campaign, with particular focus on its impact on alcohol consumption and public health. This includes a discussion of the implicit and explicit criteria on which these assessments are based. Apart from including the most central references on the topic, I have attempted to display the breadth of the judgments. Thereafter, I discuss the potential for politically directed change in public health. This topic is strongly related to normative aspects of political maneuvers, where a narrow epidemiological perspective will tend to focus on the positive effects on public health, while a broader sociological and political reading of the campaign will point to the democratic costs of the alleged public health benefits.

The anti-alcohol campaign; background and contents

Alcohol campaigns have come and gone in the history of the Soviet Union (Connor, 1971; Levine, 1999; Segal, 1990; Sidorov, 1995; Świętkiewicz, 1997; White, 1996). As such, there was nothing sensational about Gorbachev’s initiative, or the choice of measures, which Levine (1999) refers to as “relatively moderate legal amendments” (p. 65). However, the level of intensity and obligation made this particular endeavor different from previous attempts at reducing alcohol abuse. Why, then, this unprecedented intensity in fighting the demon drink? Among the frequently
cited reasons is the fact that, by the mid 1980s, the Soviet Union, was facing an alcohol problem of such proportions that extraordinary measures were inevitable. Between 1960 and 1980 per capita consumption had increased 2.2 times, from 3.6 liters to 8.7 liters (Sidorov, 1995). The severity of the problem is of course primarily a question of objective developments in alcohol consumption, to the extent they could be measured absolutely and relatively, but also of how developments were perceived and acknowledged at the time. Most commentators agree that the situation had been gradually worsening during the past decades and that consumption levels had reached a peak by the mid 1980s. Recorded consumption in the Soviet Union was but half of that in France in 1980, and was clearly lower than the Italian, the Hungarian and the West-German levels, but these reports did not account for the substantial non-recorded consumption. Nonetheless, regardless of illicit consumption, the average Soviet growth in alcohol consumption in 1955–1979 was extraordinary in international comparison. Only Finland, Denmark, and Iceland could compete with the Soviet average of 4.4 percent (Treml, 1982). Other East- and West-European countries were known for vast unrecorded consumption as well, but none of them could match Soviet levels in the 1970s or early 1980s (Levine, 1999). Despite the absence of statistics during this period, there is considerable evidence that alcohol was producing severe social problems and impeding productivity (Levine, 1999; McKee, 1999). And, the authorities did in fact recognize the severity of the problem (Levine, 1999).3

Official production of absolute alcohol equivalent was reported to have increased from 2.2 liters per capita in 1940 to 7.2 in 1985 (McKee, 1999). According to Goskomstat estimates, however, total alcohol consumption was approximately 13.9 liters per capita4 at the beginning of the 1980s, of which homebrew (samogon) made up for 5.2 liters (Nemtsov, 1998). Nemtsov and Krasovsky (1996) figure a total per capita consumption of 11–13.2 liters in 1984, while Shkolnikov and Nemtsov (1997) estimate the corresponding Russian figure to approximately 14 liters — thereby placing Russia in the world lead.5 The Soviet Union was facing an alcohol problem of “truly crisis proportions” (Treml, 1987a, p.53). Gorbachev himself terms the situation

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2 Data on the health of the Soviet people were generally elusive because of the political nature of such issues (Vlassov, 2000). As for statistics on alcohol consumption, vodka production and other alcohol-related indicators in particular, these were not published between 1961 and 1987–88. The Russian State Statistics Committee began estimating illicit production in 1980 — secretly until 1988. These estimates were terminated in 1990 (Nemtsov, 2000).

3 Ligachev (1993) points to an increasing number of letters from the public, particularly mothers and wives, complaining about widespread drunkenness. According to Ligachev, annual alcohol consumption at the beginning of the 1980s had reached 9 liters per capita and up to 11 liters in some regions. He does not provide any sources for these assessments, but the figures probably stem from unpublished reports; “many scientists were sounding the alarm and forecasting the threat of degeneration of the nation’s genetic stock” (p. 336).

4 Consumption levels are usually provided in terms of liters pure alcohol per capita per year, alternatively per capita over 15 years. This must be kept in mind when comparing figures.

5 There was, and is, considerable regional variation in consumption levels. In 1984, Sakhalin, Novgorod, Kaluga, Leningrad and Kemerovo were among the hardest drinking regions, with an estimated total annual consumption of over 16 liters per capita (Nemtsov, 2000).
“catastrophic” (1996, p. 220), with five million registered alcoholics and an estimated annual economic loss of 80–100 billion rubles due to drunkenness. The total social cost of alcohol abuse at the beginning of the 1970s was estimated at 7–8 per cent of the Union’s net material product, and 8–9 per cent around 1980 (Tarschys, 1993). The anti-drinking campaign could not have started too soon (Treml, 1987a).

On May 7, 1985 the Central Committee of the Communist Party adopted a resolution to launch an anti-alcohol campaign from June 1. A variety of measures was introduced. Of greatest importance were reductions in state production and sale of alcoholic beverages, considerable price increases, raised minimum purchasing age to 21 years, restriction of hours of sale and number of outlets and serving places, closing down of breweries, and a 30 percent diminution of acreage for wine grapes. Alcohol was banned at official functions and in workplaces, and heavy drinking party members risked expulsion. Moreover, penalties for public drunkenness, drinking in the workplace, drunk driving, production and sale of home-brew (samogon) were made more severe. Perpetrators faced detention in prison-like camps and rehabilitation centers, following speedy legal processing. The campaign had a clear bias towards punitive and restrictive measures, but various leisure activities were also expanded in the hope of providing an alternative pastime to drinking. Similarly, the authorities ordered increased production of and lowered prices on soft drinks, juice and ice cream in the hope that these commodities would absorb some of the surplus cash that otherwise would have been spent on alcohol. Among other non-punitive measures was the establishment of The All-Union Voluntary Society for the Struggle for Temperance (Bennett et al., 1998; Farrell, 1990; Levine, 1999; McKee, 1999; Nemtsov, 1998; Ryan, 1995; Shkolnikov and Nemtsov, 1997; Shkolnikov and Meslé, 1996; Treml, 1987a; White, 1996).

The anti-alcohol campaign is, as mentioned, clearly associated with the general secretary himself — soon to be referred to as the “mineral secretary”. Nevertheless, other figures also played an important part and must share the blame, or honor, with Mikhail Gorbachev: Yegor Ligachev, Central Committee secretary since 1983 and member of the Politburo from April 1985, had previously been first secretary of the Tomsk regional party and had as a convinced teetotaler tried to turn Tomsk into a “dry zone”. Ligachev was not a member of the preparatory group within the Sec-

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6 “Net material product” was a Soviet national income measure, consisting of the total production of goods and “productive” services. Activities without material output were, then, not included in the measure.

7 Postanovlenie Soveta Ministrov SSSR ot 7 maya 1985 g. no. 410, st. 82: O merakh no preodoleniyu p’yanstva i alkogolizma, iskoreniyu samogonovareniya.

8 Ligachev (1993) firmly denies that the destruction of vineyards was official policy. “Neither I personally nor the Central Committee as a whole ever gave verbal or written orders to uproot vines” (p. 338). Gorbachev (1996) admits that “in a few places even vineyards fell under the axe” (p. 221), but this need not have been official policy. Implementation of directives was often left in the hands of local party representatives, who were forced to work out local action programs and regularly report on achievements in reducing alcohol availability (Levine, 1999). There was indeed some reduction of acreage, and the consumption of grape wine declined while sales of stronger beverages rose 1.8 times between 1987 and 1992 (Ryan, 1995).
retariat, but was nonetheless considered the principal protagonist of strict anti-alcohol measures. Ligachev was supported by Mikhail Solomentsev, a reformed alcoholic and responsible for disciplinary issues as chairman of the Party Control Committee. According to Nikolai Ryzhkov, Central Committee secretary at the time and prime minister later that year, Ligachev and Solomentsev were the driving forces behind the campaign, although Gorbachev strongly supported it.\(^9\) Gorbachev was known to be a moderate drinker, and references are often made to his wife’s ardent opposition to excessive drinking due to her brother’s drinking problems (Brown, 1996; McKee, 1999; White, 1996).

**How long did the campaign last?**

The onset of the campaign corresponds with Mikhail Gorbachev’s accession to power and the Central Committee’s resolution of May 1985, enforced from June 1. Most commentators set the starting point within the limits of April–June 1985.\(^{10}\) There is far less clarity about when the campaign terminated. This might seem trivial, but the overall assessment of the campaign is closely related to its delimitation in time. If we expect a successful campaign to outlive itself, we are also bound to make judgments about what happens both during the active reform period as well as in its aftermath. Defining a time limit is therefore both a practical, empirical question and a normative issue concerning how long the effects of a reform should last. Applying the narrow definition of the campaign period, typically 1985–1987/1988, means that attention is primarily given to the active period of policy intervention, while a wider definition will also include events taking place well into the 1990s. It has, then, been claimed that the campaign collapsed within a few months (Marcy, 1992), while Gerner (1995) and Sergeyev (1998) set an end date in 1990.

Nemtsov’s (1998) presentation is more informative in this respect, with an overview of the main stages in the termination process. These include (1) the cancellation of the criminal liability for personal samogon use in July 1987, (2) the increase in

\(^9\) According to Levine (1999), Ryzhkov was the primary opponent against “the extreme version of the alcohol reform” (p. 85), while Ligachev was the most uncompromising prohibitionist. Gorbachev’s role was, in Levine’s view, relatively marginal. It suited Gorbachev fine to keep the traditionalists busy while he got on with other, more important, issues. His old rival and opponent, Ligachev, would then become a handy scapegoat for all the unpopular measures that would follow. Gorbachev himself (1996) does portray Ligachev and Solomentsev as the crooks “entrusted with monitoring the implementation of the policy”, starting out with “irrepressible zeal” and eventually “[taking] everything to the point of absurdity” (p. 221). While Levine (1999) argues that Gorbachev’s name will forever be linked to “a reform which he never initiated” (p. 97), Ligachev (1993) claims the campaign “was linked with my name” [my emphasis], but that “the decision to declare war on drunkenness was collective” (p. 337).

\(^{10}\) M.B. Levin also appears as M.B. Levine in the list of references. In his article from 1990 he writes that the campaign “was launched in 1984”, but according to his dissertation from 1999, “the day when the anti-alcohol warfare began [. . .] clearly falls on May 17, 1985” (p. 49). At the same time one might say that the campaign actually started much earlier, when Andropov took initiatives to improve work discipline, and thereby increase economic efficiency during the early 1980s (Richardson, 1999).
state sales of alcoholic beverages in January 1988, and (3) a CCCPSU resolution in October 1988 on the redundancy of anti-alcohol pressure after which campaign legislation ceased to be enforced. Levine (1999) also refers to the October 1988 resolution as effectively disavowing the reform, but maintains that “the offensive, moving-forward stretch of the campaign [...] was over already by fall 1987” (p. 48, n3).11

All in all it is reasonable to speak of a core period of approximately two years, followed by a successive de-escalation from 1987/88. Despite the fact that a periodic definition clearly affects the overall assessment of the campaign, explicit treatises of this question are rare.

Assessing the outcome of a policy reform

In his presentation of alcohol policy developments in the former Soviet Union, and Kenya, Partanen (1993) finds that “according to the standard criteria of success, both are to be regarded as total or near-total failures” (p. 129). Although discussing some essential prerequisites for carrying out successful alcohol policies, he does not reveal what these standard criteria actually are. This is hardly surprising. There are no such standard criteria. We may identify a great many potential success criteria, more or less measurable, but it is hard to imagine the existence of one single accepted standard by which any alcohol policy measure can be evaluated. Even though evaluation is a presumptively rational and objective activity, it takes place in a political context and by its very nature makes implicit political statements about e.g. the legitimacy of program goals and strategies (Weiss, 1987). Moreover, the very mixed reviews of the anti-alcohol campaign clearly indicate that any such standard evaluation criteria have yet to become standard.

Evaluation research aims at examining the effects of politics and programs on their targets in terms of the goals they are meant to achieve. Evaluators set out to assess the extent to which goals are realized and to study the factors associated with successful or unsuccessful outcomes (Weiss, 1987). The various assessments of the anti-alcohol campaign discussed here are, strictly speaking, not all examples of evaluation research. Nevertheless, it is easy to find explicit or implicit references to common evaluation categories such as goals, implementation, and outcome. Although these concepts perhaps presume a rationality and responsiveness not present in the Soviet system, the anti-alcohol campaign can certainly be defined as an attempted reform, i.e. a deliberate attempt to bring about a significant alteration in the authoritative allocation of values within the political system without challenging the continuity and identity of the regime (Tompson, 1993).

There are diverging opinions about what the formal and operational goals of the campaign were, and certainly also about whether these eventual goals were (a) feasible and (b) normatively correct. References to the overriding intentions and objective

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11 The reform was never “officially pronounced null and void; its major legal regulations outlived the Soviet Union” (Levine, 1999, p. 48, n4).
are frequently made, but seldom specified. Dorman and Towle (1991) typically suggest that “the objectives of that campaign [. . .] have not been met” (p. 303), without explaining what these objectives were. Nemtsov (1998) is again unusually precise, explaining that the main purpose was to cut alcohol consumption and for this purpose two objectives were set: a reduction in state production and sales of alcoholic beverages, and a suppression of illicit home-brew. According to Ivanets and Lukomskaya (1990), the main goal was to cultivate temperance and to involve people, particularly youngsters, in scientific creative work, amateur activities, art, and sports. Boris Levin, head of the USSR Academy of Sciences Department of Alcoholism Studies, reported that the reform intended to instill “cultured” drinking habits. However, adopting unrealistic goals, like the achievement of moderate drinking habits for the entire population within 2 or 3 years, was in his view one of the major defects of the campaign.12 Eight years later the same Levin explains that right from the beginning the set target was absolutely unreal: “a country populated with almost one and all drinking alcohol was supposed at the snap of fingers, in 4–5 years, to be converted into a sober state” [my emphasis] (1997, p. 37). The lacking clarity as far as goals may partly be related to the fact that this is not merely a question of reading various decrees and regulations silently — it is also a question of understanding political language with all its nuances and signals.

References to the need to “uproot heavy drinking”, “combat alcohol abuse”, and “make sobriety the norm of life” seemed to suggest that the goal of the campaign was to reduce alcohol consumption to an unspecified low level, within an indefinite, but not too long, period of time. The party’s resolutions seemed to suggest a total prohibition, but were in fact more of a “semi-dry law” (Levine, 1999, p. 47). Still, campaign propaganda emphasized the desirability of total abstinence and proponents of moderate drinking were mocked (Treml, 1987a). Drinking was depicted as unacceptable, and the distinction between use and misuse was blurred (Levine, 1999).

The different campaign goals, formal or informal, are varying discussed both descriptively and normatively, although it is often hard to keep these aspects apart. For example, Davis (1994) states that, eventually, “even Gorbachev realised the folly of attacking the public’s propensity to drink [. . .]” (p. 304). Although agreeing that “something” had to be done, most commentators are clearly negative to a total abstinence goal — primarily because it is seen as unfeasible. Most of the criticism against the campaign has, however, dealt with the implementation of goals and intentions — whatever these might have been.

Vague goals — tangible implementation

In a traditional top-down model of governance, governments are assumed to have clear objectives, hierarchical control structure, optimal allocation of responsibilities

between the various levels of administration, means of measuring performance, and a system of management identifying any deviation from central objectives that enables corrections whenever necessary. Starting with Pressman’s and Wildavsky’s seminal study from 1973 many empirical studies have shown that a series of “implementation gaps” are likely to evolve as objectives are converted into policy by subordinate agencies and officials. Such implementation gaps also explain why central government in part failed to achieve its objectives in late Soviet Russia (White, 1996). The seemingly monolithic Soviet state apparatus appears to have had some institutional autonomy (Lane and Ross, 1994). This autonomy eventually contributed to the collapse of the communist state, when the officials on whom Gorbachev relied for implementation of policies were also the probable victims of these policies (Tompson, 1993). Bureaucrats’ personal sentiments are, then, also a relevant issue in the Soviet context — both before and after Gorbachev: In a review of an anti-drinking campaign in the Soviet Union during the early 1960s, Korenevskaya (1966) conveys complaints about certain administrators’ “liberal” position toward heavy drinking (p. 101).

A common portrayal of the campaign is one of good intentions, but poor craftsmanship (Treml, 1991). The implementation was “amateurish” (Levin, 1998, p. 39), or “primitive and unrealistic” (Shkolnikov and Nemtsov, 1997, p. 244). Measures were not suitable for their purpose, and were partly wrong per se, regardless of the task at hand. The list of wrong moves is, then, almost endless. For example, we find complaints of a dogmatic pursuit of an abstinence ideal, random and ad hoc political steering, window dressing, an unreasonable amount of power vested in the hands of the federal temperance movement, groundless reductions in alcohol production and sales, exaggerated price hikes, as well as “barbaric” destructions of wine grape acreage (Davis, 1994; Levin and Levin, 1990; Treml, 1991). Shkolnikov and Meslé (1996) criticize the uneven focus on limiting availability, without attempting to do something about the underlying causes of alcohol abuse. It was also a great error to attack alcohol through intensified propaganda, which was a form of communication that no longer had any visible effect on an immune population (Davis, 1994). Lacking public support, lacking legitimacy, and alienation are also often mentioned — both as explanations as to why the campaign failed and as examples of its consequences (Davis, 1994; DeBardeleben, 1997; Levin and Levin, 1990; Shkolnikov and Nemtsov, 1997). In Gorbachev’s words (1996) the campaign “became one more sad example of how faith in the omnipotence of command methods, extremism and administrative zeal can ruin a good idea” (p. 221).

Effects of the campaign

It is, however, neither the goals, nor the implementation that have received most attention in the debate concerning the ups and downs of the anti-alcohol campaign. The effects, positive or negative, as well as their scope and sustainability, have clearly been of greatest interest and worry. Although the overall aim of the campaign was somewhat vague, the campaign had to provide some reduction in alcohol con-
sumption and/or alcohol-related problems within a reasonable amount of time in order to have any claim to fame. This section deals with the various answers provided to these questions.

**Effects on registered alcohol consumption**

The most essential question in this context is whether the campaign led to lowered alcohol consumption. The answer to this question seems largely to depend on (a) time perspective, and (b) whether one focuses on total consumption or merely on recorded consumption. The most positive assessments will then be found where the time perspective is limited to 1985–1987/1988 and only recorded consumption is considered. The assessments turn gradually more negative the broader the time limit is set and the more attention is paid to illicit consumption (Lehto, 1995; Treml, 1987b). Treml (1987b) figures that per capita consumption of state produced alcoholic beverages in 1986 was about 5.6 liters of pure alcohol, which meant a remarkable 50 per cent reduction compared with 1984 figures. According to official statistics, USSR per capita alcohol consumption decreased from 8.4 liters in 1984 to 3.3 liters in 1987 (Ivanets and Lukomskaya, 1990), and sales of registered alcohol in Russia decreased from 10.5 liters to 3.9 liters during the same time period (Nemtsov, 2000; Ryan, 1995). Reductions of this caliber, i.e. around 60 percent, were notable. Apart from times of prohibition or warfare, no other country had ever achieved a decline of comparable magnitude in less than three years (Treml, 1991; White, 1996).

**Effects on total consumption**

Although most analysts agree that state sales and recorded consumption did decline during the first campaign years, opinions differ about the magnitude of illicit consumption, and thereby total alcohol intake. Assessing total alcohol consumption is difficult in any context, and students of consumption trends almost always depend on circumstantial evidence, such as violence, poisonings, accidents, homicides, and other alcohol-related causes of illness and death. That mortality decreased so rapidly between 1984 and 1987 is therefore primarily ascribed to lower alcohol abuse, since there were no other significant developments that could have produced such an abrupt change (Cockerham, 2000; Shkolnikov and Nemtsov, 1997). As such, the reform offers a unique possibility of extracting the pure effects of alcohol consumption on overall mortality (Shkolnikov and Meslé, 1996). Based on the prevalence of violent deaths in Moscow, total consumption decreased by 28.6 percent in 1.5 years from the onset of the campaign (Nemtsov et al., 1989). Total consumption fell severely in 1985–87 in the entire Soviet Union as well, with a certain decrease in some of the Eastern and Central European countries (Lehto, 1997). Reports about decreases

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13 A large panel study in Rovenskaya oblast (Ukraine) showed a 63 percent reduction in the number of “systematic” drinkers from 1983 to 1987 (Sviripa and Shpizel, 1989). Kubicka et al. (1998) reveal a 26 percent fall in self-reported consumption between 1983 and 1988 in their panel study of Czech men, relating this to the Czech variant of the anti-alcohol campaign. In Estonia alcohol consumption fell from
in alcohol-related accidents and divorces, hospital admissions for alcohol psychoses,\textsuperscript{14} and criminal offences committed under the influence of alcohol, also indicated a real reduction in alcohol consumption. Although such reports must be read with great caution, a net drop in alcohol consumption of 25–35 percent (Treml, 1991; White, 1996) is substantial.

The important issue, however, is whether the drop in recorded consumption was neutralized, or even surpassed, by an increase in unrecorded intake. Levine (1999) and Zaigraev (1997) find this to be the case.\textsuperscript{15} At the beginning of the 1990s total consumption was back at the same level as before the campaign and spirits now made up for 90 percent of the total intake compared to 60 percent in the early 1980s (Levin, 1997). Moreover, alcohol abuse had spread to younger cohorts and for the first time girls were drinking more than boys (Joyce, 1992; White, 1996). Once again, a considerable part of the discrepancy is related to how the campaign is delineated in time. As Lehto (1997) points out, total consumption seemed to increase during the 1990s — after a positive development at the end of the 1980s — while Nemtsov (2000) concludes that “[I]t is highly probable that the positive results of the anti-alcohol campaign went by the board in the years after the campaign, but that is still to be verified” [my emphasis] (p. 141).

Effects on mortality and life expectancy

The link between alcohol consumption and overall mortality has been eagerly debated, both in general and concerning the former Soviet Union. Considerable epidemiological evidence suggests there is such a connection (Deev et al., 1998), particularly for mortality due to external causes (Mezentseva and Rimachevskaya, 1990). The association between alcohol consumption and cardiovascular mortality has, however, been more difficult to prove — both generally (Lehto, 1995) and for Russia and Eastern Europe in particular (Bobak and Marmot, 1999; McKee and Britton, 1998; Zatonski et al., 1998). The link between a policy reform and eventual changes in public health is even more difficult to uncover. Although Shkolnikov and Nemtsov (1997) assure us that trends in standardized death rates in Russia are associated with variations in alcohol consumption since the mid-1970s, such a causal link is varyingly accepted among researchers (Bobak and Marmot, 1999).

As in the case of registered consumption, most commentators do agree that there was, for the first time in many years, a marked decrease in Soviet mortality in 1985–87 (Brainerd, 1998; Lehto, 1995; Notzon et al., 1998). Consequently, life expectancy increased by 3.2 years for men and 1.2 years for women (Nemtsov and Krasovsky, 1997). The prevalence of alcoholism in Lithuania dropped after 1988, presumably as a delayed effect of the reform (Mikalkevičius and Šinkunas, 1992).

\textsuperscript{14} Ofﬁcial statistics revealed a 72 percent drop in hospital admissions for alcohol psychoses in 1985–87, compared to 1984 (Nemtsov, 2000).

\textsuperscript{15} Based on sugar sales, Levine estimates excess samogon production in 1984–87 to 2.2 liters pure alcohol per capita (p. 75, n73).
A causal link between the campaign, changes in alcohol consumption, and a (short-term) mortality decline is also commonly suggested (Becker and Hemley, 1998; Shkolnikov et al., 1998; Chen et al., 1996; Cockerham, 1997; Leon and Shkolnikov, 1998; Notzon et al., 1998; Walberg et al., 1998). In Nemtsov’s (1997) view changes in life expectancy in 1984–1992 can almost exclusively be related to changes in alcohol consumption in the same period. Nemtsov and Krasovsky (1996) figure that the campaign saved 700,000 lives in 1985–87, and by 1992 the number had increased to 1 million. Bennett et al. (1998) figure that between 360,000 and 560,000 deaths were postponed. Although the authenticity of this event has been questioned (see below), Leon et al. (1997) and Chen et al. (1996) assure us that the huge variations in Russian mortality rates between 1984 and 1994 are genuine and not an artifact of inaccuracies in demographic statistics.

Arguments for the effectiveness of the campaign commonly circle around four phenomena, namely the age, gender, regional, and cause structures of the mortality fluctuations. As for causes of death, the fluctuations in mortality from accidents, violence and poisonings are considered particularly significant because these deaths are often alcohol-related (Andreev, 1994; Kruminš and Zvidriš, 1992; Nemtsov and Krasovsky, 1996). In the European parts of the Soviet Union, mortality from such external causes was particularly related to binge drinking16 (Nemtsov and Shkolnikov, 1995), which is a particularly detrimental drinking pattern (Chenet et al., 1998; Paunio, 1997). Official statistics showed a 54 percent reduction in deaths from alcohol poisoning, a 34 percent drop in other violent deaths, and a 26 percent fall in deaths from liver cirrhosis in the 2.5 years after the onset of the campaign (Nemtsov, 2000). Moreover, the occurrence of alcohol psychosis was three times less in 1986 than in 1984 (Ivanets and Lukomskaya, 1990). Shkolnikov and Vassin (1994) also seem to find evidence for the effectiveness of the campaign in the fact that life expectancy increases were largest in rural areas in European Russia, and among men in the ages 15 to 59 years. Since it is here we find the relatively largest alcohol consumption, this result has been read as a sign of the impact of the anti-alcohol campaign on regional variation in life expectancy.17

Skeptics are eager to stress the problems of spuriousness and data limitations, for example in controlling for other risk behavior (Becker and Hemley, 1998). The epidemiological effects of the campaign are much disputed, although there probably were some short-term positive effects on public health (Blum and Monnier, 1989; Simpura and Levin, 1997a,b). Treml (1997) holds that the beneficial demographic, health, and social effects of the campaign have been “misinterpreted and significantly overstated” and that Nemtsov’s estimate of saved lives is based on a rather simplistic

16 A common definition of binge drinking is consuming five or more drinks on one occasion for men, four drinks or more for women (Clements, 1999) — alternatively more than 80 g of ethanol at one occasion (Bobak and Marmot, 1999).

17 In the same anthology Anderson and Silver (1994) argue that mortality fell in several age groups, among both sexes, and in population groups not known for high alcohol consumption. They therefore doubt that the campaign “could have had such a similar and virtually simultaneous effect on both males and females in every Soviet republic” (p. 325).
manipulation of statistics that “cannot be accepted as valid” (p. 231). Alcohol psychosis, chronic alcoholism, and liver cirrhosis take years to develop. How could male life expectancy possibly increase by 0.9 years and suicides decrease by 13,000 in just eight months? Some of the dramatic improvements are likely to have been overstated by Goskomstat or by lower-level reporting units (Treml, 1991; Zvidriņš and Krumiņš, 1993). Moreover, decline in male mortality in alcohol consumption probably started before the campaign (Blum and Monnier, 1989; Kingkade, 1988). Butenko and Razlogov (1997), on their part, claim the campaign actually “adversely affected people’s health” (p. 318).

Other effects

Apart from the mentioned effects, the anti-alcohol campaign is frequently blamed or credited for a variety of changes — mostly related to work life, family life, crime, and economy. Among the merits we find a (brief) decline in workplace drinking, occupational and domestic violence, alcohol-related absenteeism, traffic accidents and crimes (Davis, 1994; Joyce, 1992; Manning, 1992). With less drunkenness on the job, labor productivity increased and the economy performed better in 1986 (Partanen, 1993; Treml, 1987b). A significant decline in USSR suicide rates between 1984 and 1988 is largely ascribed to lower alcohol consumption (Wasserman et al., 1998). More attention was paid to health issues, the All-Union Association for Sobriety added to a revival of civil society, and drug-dependence services improved (Dorman and Towle, 1991; Ivanets and Lukomskaya, 1990; Partanen, 1987).

Not surprisingly, there are also abundant references to more dubious outcomes. Among the more serious allegations is a claim that the reform unintentionally fostered drug use in substitution for vodka (Krumiņš and Zvidriņš, 1992; Levin, 1997; Partanen, 1993). In a study from a Moscow detoxification center between 1984 and 1987, Luzhnikov et al. (1989) found that the number of admittances doubled in this period, but that the number of alcohol-related poisonings substantially declined. The anti-alcohol regulations seemed to have produced a considerable reduction in alcohol dependence and alcohol-related deaths, partly at the expense of drug-related poisonings. Others find little compelling evidence for such a claim. Western experiences do not indicate a strong substitutability between alcohol and psychoactive medicines or narcotic drugs (Treml, 1987a). The campaign’s effect on consumption of alcohol surrogates, as opposed to substitution by drugs, is clearly less controversial. Reports of increases in poisonings and deaths from colognes, methanol, antifreeze, and other toxic fluids are abundant. More samogon also led to a sugar shortage (Ivanets and Lukomskaya, 1990; Treml, 1987a; White, 1990).

Finally, the campaign is thought to have nurtured domestic violence and destruction of property as stiffer penalties for public inebriety drove drinkers into the home (Treml, 1987a). Crime rates steadily recovered, and the number of crimes committed
under the influence of alcohol rose to pre-campaign levels. The proportion of drunken murders even grew beyond pre-campaign levels (Joyce, 1992; White, 1996). The large-scale production of *samogon* in itself represented an increase in illegal activity, as well as stimulating other organized crime and the rise of new informal entrepreneurial networks (Brown, 1996; Levin, 1998; Manning, 1992; Sergeyev, 1998; Zaigraev, 1997).

Both Treml (1987a) and Partanen (1993) mention increased labor productivity, and improvements in the Soviet economy in 1986. Still, references to chaotic financial disarray, enormous state deficits and rising inflation are also found (Levin, 1998; Sergeyev, 1998). Reduced government revenues, limited sale of a commodity that had helped absorb excess consumer demand, increased bootlegging and consequent sugar-shortage all contributed to a basic monetary imbalance and hindered market reforms (Blaney and Gfoeller, 1993; DeBardeleben, 1997). The two major factors affecting state incomes in 1985–87 were plunging revenues from alcohol and oil exports. The campaign alone was a sufficient cause of aggravated imbalances in consumer markets (Aslund, 1991).

Many observers point out how the campaign led to growing distrust and popular resentment towards Gorbachev’s leadership, the authorities, and alcohol policy measures in general (Zaigraev, 1997): “Interfering with people’s drinking habits is [a] certain way to lose friends” (Farrell, 1990, p. 427). The anti-alcohol campaign came to pose a political and ideological burden in the former Eastern-block countries (Simpura, 1995). Nonetheless, Partanen (1987) writes that Soviet life seems to be “enlivened by an enthusiasm” (p. 536), and the campaign is also claimed to have enjoyed wide popular support, especially among women (Brown, 1996; Ivanets and Lukomskaya, 1990; Partanen, 1993). For what it’s worth, both Gorbachev and Ligachev make references to public support in their memoirs, although the former is somewhat less categorical than the latter. White (1996) refers to several surveys from 1985–86 where majorities welcomed the measures and conveyed optimism about conquering alcoholism once and for all, although the enthusiasm had clearly lessened in similar surveys from 1987 on.

The social and political significance of alcohol

As has hopefully become evident, opinions not only differ, but also clearly contradict each other, when it comes to the effects of the Soviet Union’s last war on alcohol. Equally interesting is the fact that the campaign’s overall significance — positive or negative — is judged very differently. For some, the campaign was of great significance: “Gorbachev’s antidrinking campaign has so far affected people’s lives and incomes, state and local finances [. . .], and interrepublican income to a

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19 It is unclear whether the campaign was actively used against Gorbachev or anyone else in the Kremlin. Ligachev (1993) does refer to certain “pseudodemocrats [. . .] clearly pursuing a political agenda in the ‘anti-anti-alcohol’ campaign” (p. 338).
much greater extent than other perestroika reforms” (Treml, 1991, p.133). Gerner (1995) even suggests that the campaign contributed to the break-up of the Soviet Union as the legitimacy of the state apparatus was shattered by large revenue deficits, uncontrolled inflation, increasing crime, and lack of goods due to hoarding. More often, however, the reform is totally neglected in contexts where one would expect a comment. Those who do not regard lifestyle factors as significant in explaining public health developments during this period are also likely to neglect the campaign. Feshbach and Rubin (1991) make a note of improvements in public health after 1985 without even mentioning alcohol. Gilinskiy (1997) reveals that the level of deviant behavior, including alcoholism, decreased in St. Petersburg from mid 1985 till 1987, but does not refer to the campaign. Instead, he describes a period “characterized by a strong sense of spiritual and psychological elevation [. . .] associated with the democratization of public life” (p. 456). In her study of the increasing mortality gap between European males in East and West, Watson (1995) equally finds that the Soviet mortality decline in 1985–1986/87 is associated with “a ‘tremendous release of tension’ with [. . .] the introduction of glastnost” (p. 930).\textsuperscript{20} Little (1998) discusses various factors influencing the public health decline in Central and Eastern Europe after 1989, but the role of alcohol is dimmed and no mention is made of the campaign. In a comparison of Krushchev and Gorbachev as reformers, Gorbachev’s first reform attempt is completely overlooked (Tompson, 1993). Likewise, Mason’s article (1996) includes a section on “Gorbachev’s reforms (1985–1989)” (p. 42ff), but no reference is made to the alcohol reform.

There are various potential reasons why alcohol and the campaign are ignored. First, there is the basic dispute over the role of alcohol in public health and political developments. Second, it may be tempting to dodge this particular issue when analyzing Gorbachev’s political deeds because the campaign in many ways opposes the more appealing ideals of glasnost and perestroika. In this perspective the alcohol reform may simply be regarded as a “minor blip in the overall intention to use consensual methods in the ‘perfecting’ of socialism” (Steele, 1996, p. 143), although others see the campaign as an integral part of perestroika — not its antagonist (Ivanets and Lukomskaya, 1990; Tarschys, 1993). The political significance of access to drink was perhaps more evident in Poland, when Solidarity accused the government of promoting alcohol to divert attention from grave societal problems and to generate more revenue (Moskalewicz and Zieliński, 1995). However, while the Polish events were based on grass root mobilization, the Soviet reform attempt was initiated in a top–down fashion (Åslund, 1991) — in the “classical Russian manner” (Gerner, 1995, p. 83). Levine (1999) describes the alcohol reform as “the last [. . .] sustained practical exhibit of Stalinist solutions in the history of the USSR” (p. 46).

As a public health intervention the campaign can be analyzed in a wide and a narrow perspective. A narrow perspective will typically focus on the campaign’s

\textsuperscript{20} Lehto (1997), on the other hand, declares that, between 1980 and 1995, “alcohol consumption seems to be among the main determinants of the East–West health gap — particularly so in the NIS” [my emphasis] (p. 96).
impact on alcohol consumption and whether changes in life expectancy can be ascribed to changes in alcohol consumption. In a broader perspective the campaign may be scrutinized as an example of less successful political intervention. The possibilities of developing alcohol measures in Central and Eastern Europe are frequently questioned, often with reference to the misfortunes of the mid- and late 1980s (Lehto, 1995). This view is partly based on an overall skepticism towards alcohol policy measures (Partanen, 1993), and partly on a tendency to regard alcohol policy as particularly fruitless in this part of the world (Korolenko et al., 1994).

Concluding remarks

This article emanated from an observation of the very incongruous depictions of the Soviet anti-alcohol campaign during the 1980s, where the campaign is alternately described as a great success and a total failure. As is often the case, a closer look reveals that both descriptions have some elements of truth. However, what is often lacking in these judgments is a specification of the criteria and perspectives on which the assessment is to be made. If we choose to regard the campaign as an “ordinary” political reform attempt, we may study goals, implementation, and effects separately. Closely related to these issues, is a more or less explicit normative discussion of whether the goals were good, sufficient, feasible, or whether the means justified the end. If we study the reform in a strictly epidemiological perspective, we are bound to emphasize and praise improvements in morbidity and mortality. A broader social science point of departure, however, means focusing on the negative political, economic and social consequences — despite any positive public health effects. Although the campaign is often termed a failure, it is usually credited for some, at least short-term, positive influence on public health. Many authors have pointed to this contradiction between these public health achievements and the political misfortune (Edwards et al., 1994; Ellman, 1994; Simpura, 1995). Tarschys (1993) calls it “the success of a failure” (p. 22) and Ryan (1995) the “effectiveness and ineffectiveness of the Gorbachev administration’s strategy” (p. 646).

The campaign’s mixed reviews once again illustrate how hard it is to identify causal links between political endeavors and behavioral changes. Furthermore, this affair teaches us that public health is not merely a technical quest for ways to a longer and healthier life. Public health is also a question of means, legitimacy and the normative base for policies. A narrowly focused public health perspective might lead us to applaud any venture or reform claiming to benefit the occurrence of sickness and death. A broader normative reading could leave us blind to the beneficial effects of even undemocratic ventures. Another lesson is, once again, that alcohol is a very special product. Political events influence alcohol consumption, and alcohol consumption may also influence politics. The discussion about whether the campaign was a precondition for perestroika, or whether it was an old-fashioned Soviet style mishap in anticipation of perestroika and glasnost, points to interesting links between alcohol and politics with relevance far beyond the Gorbachev era. For example, after the break-up of the Soviet Union alcohol came to play an important political role.
as a symbol of Soviet oppression in the Baltic countries (Mikalkevičius and Šinkunas, 1992; Seps, 1992). Medvedev (1996) similarly accuses the authorities of using alcohol consciously to calm the Russian masses while state property was redistributed during the early 1990s. In 1995, when the most acute phase of the reform process was over, the authorities tried to regain control over the chaos in production, import and sale of alcohol. Vodka had now outplayed its part as mediator in an acute reform period and could now go back to its traditional role as a source of revenue.

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**Further reading**
